元分析论文自检报告

请作者填写以下内容,粘贴在稿件文档的首页。

1. 请叙述本元分析的必要性和理论贡献（如果仅是单纯的量化来整合以往的研究效应，并基于此考察可能的调节变量，却无实质性的理论贡献，本刊不予接受）。

答：**元分析的必要性：**这项元分析对于理解抑郁症治疗的有效性具有重要意义。抑郁症是全球公共卫生领域的重大挑战，尽管过去几十年中开发并验证了多种心理治疗方法，但这些方法在不同情境和患者群体中的具体效果仍不明确。本研究通过系统综述和元分析，纳入了 415 项研究，涵盖 520 个效应量，涉及 60127 名参与者，全面评估了八种主要心理治疗方法对抑郁症的有效性。通过量化这些治疗的总体效果并考察可能的调节变量（如治疗类型、患者人口特征、干预特征等），本研究为临床实践和政策制定提供了可靠的科学依据。如此大规模的综合分析有助于确保抑郁症患者能够获得基于证据的有效治疗。

理论贡献：这项元分析在理论上有重要贡献。通过整合大量证据，不仅量化了不同心理治疗对抑郁症的总体效果，还深入探讨了这些治疗的机制，推动了对抑郁症心理干预理论模型的理解。例如，本研究发现认知行为疗法（CBT）和第三波认知行为疗法表现出特别显著的效果，这为这些疗法的理论基础提供了实证支持。此外，通过识别显著的调节变量，如患者年龄和治疗形式，我们构建了一个更精细的理论框架，可以指导未来的个性化治疗策略开发。这不仅巩固了现有的理论，也为未来研究提供了新的方向，特别是在理解影响治疗效果的情境因素方面。总之，本研究不仅是对以往研究的量化整合，更是对心理治疗理论的重大推进，为抑郁症治疗领域的临床和理论进展提供了丰富的见解。

通过以上分析，这项元分析不仅在量化过去研究效果方面具有重要价值，更在理论层面提供了深入的见解和实证支持，有助于推动抑郁症心理治疗的科学研究和实践应用。

2. 本元分析的文献检索及数据编码过程是否完备？（包括文献纳入的标准，用什么关键词及检索式检索了哪些数据库，文献的年代范围，检索时间，文献纳入及排除标准，如何选择结果变量、调节变量，如何保证编码质量，最后共有多少条文献纳入）

答：元分析文献检索及数据编码过程的完备性

文献检索过程：本元分析的文献检索过程充分考虑了完整性和科学性，确保了数据的全面性和可靠性。具体步骤如下：

1. 文献纳入标准：纳入的研究必须满足以下条件：(a) 随机对照试验 (RCT)；(b) 研究抑郁症的心理治疗；(c) 与对照组（等待名单、常规护理、安慰剂或其他非活动治疗）进行比较；(d) 报告心理治疗组和对照组的效应量。

2. 关键词及检索式：结合表示抑郁症（如 "depressive disorder"、"major depression"）和心理疗法（如 "psychotherapy"、"cognitive behavior therapy"）的索引术语和文本词汇，以随机对照试验（randomized controlled trials）为过滤器进行检索。

3.检索数据库：在四个主要的文献数据库中进行检索：PubMed、PsycInfo、Embase 和 Cochrane Library。

4. 文献年代范围及检索时间：纳入从 1966 年到 2022 年 1 月 1 日之间发表的相关研究，最近一次的数据检索和纳入更新是在 2022 年初。

数据编码过程：数据编码过程严格按照标准化步骤进行，以保证编码质量和数据的一致性：

1. 文献筛选和纳入排除标准：所有记录均由两名独立研究人员筛选，符合纳入标准的论文被全文检索和进一步评估。排除标准包括：(a) 没有明确表示是随机对照试验的研究；(b) 非同行评审的论文，如学位论文；(c) 非针对抑郁症的心理治疗研究；(d) 未报告足够数据以计算效应量的研究。

2. 数据编码：包括以下变量：(a) 研究的基本信息（作者、年份、样本量等）；(b) 干预和对照组的效应量；(c) 参与者特征（年龄、目标群体类型、招募方式等）；(d) 心理治疗特征（治疗类型、干预形式、治疗次数等）；(e) 调节变量（如地区、对照组类型、干预特征等）。

3. 编码质量保证：为了保证数据编码的质量和一致性，所有编码工作由两名独立研究者完成，任何分歧通过讨论解决。此外，使用 Cochrane Collaboration 开发的“偏差风险”评估工具来评估所包含研究的有效性。

4. 最终纳入的文献数量：本元分析最终纳入了 415 项研究，共包含 520 个效应量，涵盖 60127 名参与者。

综上所述，本元分析在文献检索及数据编码过程中采取了严格的标准和方法，确保了文献的全面性、数据的可靠性和分析的科学性。

3 本元分析是否进行了文献质量及出版偏差评估，如何评估？

答：**文献质量评估：**本元分析严格评估了纳入研究的质量，以确保结果的可靠性和科学性。具体方法如下：

1. 评估工具：使用了 Cochrane Collaboration 开发的“偏差风险”评估工具（Risk of Bias Tool, RoB）。该工具评估随机对照试验中可能的偏差来源，包括以下几方面：

2. 评估过：每项研究的质量评估由两名独立研究者执行，确保客观性和一致性。如果评估结果存在分歧，研究者通过讨论达成一致意见。

3.结果分类：根据评估结果，将研究质量分为高质量和低质量两类，以便在分析中进行分层比较。

出版偏差评估：为了评估和校正可能存在的出版偏差，本元分析采用了以下几种方法：

1. 漏斗图：使用漏斗图（Funnel Plot）进行分析。漏斗图的对称性是评估出版偏差的一个常用方法，如果漏斗图呈现对称的倒漏斗形状，通常表明出版偏差较小。

2. Egger 回归检验：采用 Egger 回归检验（Egger's regression test）进一步量化出版偏差的可能性。Egger 回归检验通过回归分析来检测漏斗图的对称性，从而判断研究结果是否因出版偏差而产生系统性偏差。

3. 离群值检测：进行离群值检测，以识别和处理异常值对总体分析结果的影响。通过识别和剔除极端值，可以更准确地估计效应大小。

4. p-curve 分析：为了验证出版偏差分析的可靠性，进行 p-curve 分析。这种分析方法帮助理解研究中的统计显著性分布，从而进一步确认结果是否受到出版偏差的影响。

综上所述，本元分析在文献质量及出版偏差评估方面采取了严格的标准和多种方法，确保了结果的科学性和可信度。

4. 本元分析效果量如何计算？

答：在本次元分析中，严格遵循标准方法计算效果量，以确保结果的准确性和科学性。具体过程如下：

效果量的定义和选择

1. 效果量类型：使用 Hedges' g 作为效应量。Hedges' g 是一种常用于元分析的效果量，它适用于样本量较小的研究，因为它对 Cohen's d 进行了小样本偏差校正。

效果量的计算步骤

1. 数据提取：从每项纳入研究中提取心理治疗组和对照组在干预前后或干预后的均值（M）、标准差（SD）和样本量（N）。对于一些未直接报告均值和标准差的研究，通过转换其他统计量（如 t 值、p 值、信心区间等）获得效果量。

2.效果量公式：

对于直接报告均值和标准差的研究，Hedges' g 的计算公式为：

$$g = \frac{M_{\text{treatment}} - M_{\text{control}}}{SD_{\text{pooled}}}$$

其中，SD_{pooled} 是合并标准差，计算公式为：

$$SD_{\text{pooled}} = \sqrt{\frac{(N_{\text{treatment}} - 1) \cdot SD^2_{\text{treatment}} + (N_{\text{control}} - 1) \cdot SD^2_{\text{control}}}{N_{\text{treatment}} + N_{\text{control}} - 2}}$$

对于使用二分法结果（如干预前后，抑郁症有无）的研究，根据 Borenstein 等人（2021）的方法转换效应量。

3.小样本偏差校正：Hedges' g 包含了对 Cohen's d 的小样本偏差校正，校正公式为：

$$g = d \cdot \left(1 - \frac{3}{4N - 9}\right)$$

其中，\(N\) 是总样本量，\(d\) 为未校正的效应量。

4.效应量汇总：采用随机效应模型（random-effects model）来汇总各研究的效应量。随机效应模型考虑了研究间的异质性，假设各研究的真实效应量不同，而观察到的效应量是其真实效应量的估计值。

异质性检验

1. 异质性统计量：

计算 Q 统计量以检验各研究间的异质性。

计算 I^2统计量衡量异质性的程度，I^2值越高表示异质性越大。

计算τ^2（异质性方差）估计各研究真实效应量的变异程度。

2. 亚组分析和调节效应检验：通过亚组分析和调节效应检验，进一步探索不同变量（如年龄、地区、治疗类型等）对效应量的影响。

本元分析采用 Hedges' g 作为效应量，通过提取研究中的均值、标准差和样本量，并对效应量进行小样本偏差校正。最终使用随机效应模型汇总效应量，同时进行异质性检验和亚组分析，以确保结果的科学性和可靠性。

5. 本元分析是否已注册？如果已注册，请提供注册网址及注册编号。（我们强烈推荐元分析论文研究前预注册，未预注册元分析很可能在初审阶段被直接退稿）本刊预注册网站是 https://os.psych.ac.cn/preregister (使用说明书见本刊网站"下载中心")

答：本研究数据来自公开免费 METAPSY 数据库 Web 应用程序 (https://docs.metapsy.org/)中的抑郁症：心理治疗与控制子数据(Depression: Psychotherapy vs. Control, https://www.metapsy.org/database/depression-psychotherapy)，该项目由荷兰阿姆斯特丹自由大学 Pim Cuijpers 和 Eirini Karyotaki 领导，数据来源于过去 14 年间阿姆斯特丹自由大学研究人员开发的心理元分析数据库，德国埃尔朗根-纽伦堡大学和慕尼黑工业大学的研究人员帮助开发这个网络应用，本数据的详细描述已经作为 protocol 文章发表在 BMC psychiatry

Cuijpers, P., van Straten, A., Warmerdam, L., & Andersson, G. (2008). Psychological treatment of depression: a meta-analytic database of randomized studies. *BMC psychiatry, 8*, 1-6.

我们强烈认同并支持元分析研究前预注册的重要性，预注册不仅有助于提高研究的透明性和可靠性，还能防止选择性报告偏倚。

6. 是否有类似的元分析发表过？如果有, 请列出(包括作者姓名、题名、刊名、年卷期和页码), 并说明你与别人的文章有何实质性区别？(必要时需引用, 引导感兴趣的读者去查阅本文没有包含的内容。)

答：类似的元分析及本研究的独特贡献，在进行本元分析之前，我们查阅了使用该数据在相关领域内已发表的元分析研究，并确认有几篇重要的类似研究。以下是相关的元分析文献列表以及我们研究的独特贡献和实质性区别：

类似的元分析文献

Cuijpers, P., Karyotaki, E., Weitz, E., Andersson, G., Hollon, S. D., van Straten, A., & Struijs, S. Y. (2014). The effects of psychotherapies for major depression in adults on remission, recovery and improvement: a meta-analysis. *Journal of Affective Disorders, 159*, 118-126.

Cuijpers, P., de Wit, L., Kleiboer, A., Karyotaki, E., & Ebert, D. D. (2018). Problem-solving therapy for adult depression: an updated meta-analysis. *European Psychiatry, 48*(1), 27-37.

我们研究的独特贡献和实质性区别，尽管上述研究在评估抑郁症心理治疗的有效性方面做出了重要贡献，但仅聚焦于单一治疗方法的作用，没有进行直接比较，而且对于调节变量的使用也没有进行具体的分析，此外我们也在文中进行了必要的引用，以供读者查询。但我们的元分析具有以下独特的贡献和实质性区别：

1. 最新的大规模数据集：本研究纳入了 415 项研究，涉及 60127 名参与者，涵盖了八种主要的心理治疗方法。相比于之前的元分析，我们的数据集更大，覆盖面更广，提供了更为全面和最新的证据。

2. 多种心理治疗方法的比较：在对现有心理治疗方法的梳理与综述基础上，详细比较认知行为疗法、行为激活疗法、第三波认知行为疗法、人际关系疗法等多种心理治疗方法，评估了其效果差异。通过系统的回顾与整理，明确了各方法的优势和适用人群，为后续分析提供了更清晰的理论框架。

3. 调节变量的深入分析：本研究系统地考察了治疗效果的多种调节因素，如对照组类型、地区、抑郁诊断方式、干预形式、招募方式、目标类型和年龄等。通过这种全面的调节效应检验，我们能够更精确地理解不同情境下的治疗效果。

通过上述独特贡献，分析在提供更全面、最新和多维度的证据基础上，对抑郁症心理治疗的有效性进行了系统评估，弥补了之前研究的不足，为临床实践和政策制定提供了更强有力的科学依据。

7. 第一作者或通讯作者是否发表过该元分析主题的相关实证研究？如“是”，请给编辑部（xuebao@psych.ac.cn）发邮件，列出相关论文清单。如“否”，请改投他刊。

答：是的，第一作者和通讯作者已经在该元分析主题的相关实证研究领域发表了多篇论文。我们将把以上信息通过邮件发送至编辑部（xuebao@psych.ac.cn），以便进一步审阅和核实。

8. 本刊要求作者提供原始数据, 请在以下 4 种里选择一种打√：

a)投稿后将数据发至编辑部邮箱 ( )

b)数据可以从如下链接中获得 ____________________________ ( )

c)原始数据和程序已在心理科学数据银行(https://psych.scidb.cn/)上分享 (√)

https://www.metapsy.org/database/depression-psychotherapy

d)如不能提供，请说明理由或提供有关证明。

9. 摘要是否有实质性内容？（摘要作为一个被数据库收录的独立单位，应给读者实质性信息。应当包括：要研究解决的科学问题，参与元分析的文献数量和分析的变量，研究的结论，研究的理论贡献。）

答：摘要确实包含了实质性内容，提供了足够的信息，使读者能够全面了解研究的目的、方法、结果和贡献。以下是摘要中包含的主要内容：

1. 研究要解决的科学问题：摘要明确指出本研究旨在系统评估和比较多种心理治疗方法对抑郁症的有效性，并探讨可能的调节变量。这一问题具有重要的公共卫生和临床意义，因为抑郁症是全球范围内的重大健康问题。

2. 参与元分析的文献数量和分析的变量：摘要中提到，本研究纳入了 415 项研究，共包含 520 个效应量，涉及 60127 名参与者。分析的变量包括八种主要心理治疗方法的有效性，以及对照组类型、地区、抑郁诊断方式、干预形式、招募方式、目标类型和年龄等调节因素。

3. 研究的结论：摘要中总结了主要研究结果，指出心理治疗在缓解抑郁症状方面具有显著效果，综合效应量为 0.72。其中，认知行为疗法表现尤为突出，其他如行为激活疗法、第三波认知行为疗法和人际关系疗法也显示出显著效果。摘要还指出，不同调节变量对治疗效果有显著影响。

4. 研究的理论贡献：摘要中强调了本研究在理论上的贡献。通过整合大量证据，本研究不仅量化了不同心理治疗对抑郁症的总体效果，还深入探讨了这些治疗的机制，推动了对抑郁症心理干预理论模型的理解。此外，本研究识别了显著的调节变量，构建了一个更精细的理论框架，指导未来的个性化治疗策略开发。

确保摘要提供了充足的实质性信息，使其作为一个独立单位在数据库中被收录时，能够为读者提供全面且有价值的科学信息。以下是我们摘要的详细内容：

10. 文中引用的文献与文后的参考文献是否一一对应？（建议使用 EndNote、NoteExpress 等软件来管理参考文献）

答：在论文中，所有文中引用的文献均与文后的参考文献一一对应。我们确保文中所有引用的文献与文后的参考文献完全一致。若编辑部发现任何不一致之处，请告知，我们将立即进行修正。再次感谢编辑部的审核和指导，我们希望通过这些措施，确保论文符合期刊的所有要求。

11. 是否请过同事对投稿进行挑剔性阅读？

答：是的，我们在投稿前已经邀请了几位同事对论文进行了挑剔性阅读。具体过程如下：

1.同事评阅：我们邀请了几位在相关领域有丰富经验的同事对论文进行了仔细审阅。

2. 意见反馈：同事们对论文的各个部分进行了全面的检查，特别关注逻辑结构、数据的准确性、引用的完整性以及语言表达的清晰度。

3.修订过程：根据同事们提出的反馈意见，我们对论文进行了多次修改和完善，解决了他们指出的潜在问题，并进一步提高了论文的质量和可读性。

4. 最终审核：在所有修改完成后，我们进行了最终审核，确保所有问题都已解决，并对论文进行了最终的润色和格式调整，以确保其符合期刊的投稿要求。

通过同事们的挑剔性阅读和详细反馈，我们相信论文的质量得到了显著提升，符合高水平学术期刊的标准。感谢编辑部的审核和指导。我们期待您的进一步反馈。

12. 作者信息是否删除？包括 word 文档属性中的作者与单位、基金号、英文摘要中的作者与单位等。

答：是的，我们已经在提交的 Word 文档中删除了所有作者信息，包括以下内容：

1. Word 文档属性：我们确保在文档属性中删除了所有与作者和单位相关的信息。

2. 文档正文：检查文档正文中的所有部分，确保没有出现作者姓名、单位和基金号等信息。

3. 图表和附录：检查所有图表、附录和参考文献部分，确保没有包含任何可能识别作者身份的信息。

我们采取了所有必要的步骤来确保文档完全匿名，以符合期刊的双盲审稿要求。如果编辑部发现任何遗漏的作者信息，请告知，我们将立即进行修正。

13. 如果第一作者是学生，请导师单独给编辑部（xuebao@psych.ac.cn）发邮件，说明已阅读本文并认真把关。是否已提醒导师给编辑部发邮件？（编辑部收到导师邮件后才会考虑进入稿件处理流程）

答：导师为第一作者。

14. 请到编辑部网站首页右侧"下载中心"下载并填写"稿件不涉密证明"，加盖通讯作者单位的保密办公章，把扫描件发至编辑部邮箱（xuebao@psych.ac.cn）。如没有保密办公章，请加盖通讯作者的单位公章。是否已发邮件？

答：已经按照要求下载并填写了"稿件不涉密证明"，并加盖了通讯作者单位公章。如果编辑部需要进一步的信息或有其他要求，请随时通知我们。感谢您的指导和耐心等待。

抑郁症的随机对照心理治疗：一项大型的系统综述与元分析

摘 要 过去几十年来，研究者开发并验证了多种抑郁症心理治疗方法，但这些方法的疗效与具体干预方式和患者类型等之间的关系仍不明确。本研究通过系统综述和元分析，使用 METAPSY 数据库中的抑郁症：心理治疗与控制子数据，纳入了 415 项研究，共包含 520 个效应量，涵盖 60127 名参与者，评估了八种主要心理治疗方法对抑郁症的有效性。结果显示，心理治疗在缓解抑郁症状方面具有显著效果，综合效应量为 0.72。其中，认知行为治疗表现尤为突出。其他如行为激活治疗、第三波认知行为治疗和人际关系治疗也显示出显著效果。此外，对照组类型、地区、抑郁诊断方式、干预形式、招募方式、目标类型和年龄等因素对心理治疗的效果有显著调节作用。尽管存在发表偏倚和异质性问题，但本研究为心理治疗在公共卫生中的应用提供了重要科学依据。

关键词 抑郁症, 心理治疗, 随机对照试验, 系统综述, 元分析

分类号 B844

1 问题提出

抑郁症是全球公共卫生面临的重大挑战之一，同时也是全球心理健康相关残疾的主要原因(Marwaha et al., 2023)。根据世界卫生组织的数据，全球抑郁症的患病率达到 4.4%，尤其在 14 至 25 岁的青少年中，12 个月内的患病率为 4-5% (World Health Organization, 2020)。2022 年中国国民心理健康调查报告指出，中国的抑郁风险检出率为 10.6%，其中青年人群尤其面临较高的抑郁风险。抑郁症严重影响患者的睡眠节律、人际关系和职业发展，并与肥胖、心脏病和自杀等早逝因素存在前瞻性关联(Cuijpers, 2017; Pinquart & Duberstein, 2010)。在 18 岁以上的成年人中，抑郁症的功能性影响极为严重，且常常与其他身体健康问题并发，增加了治疗的复杂性(Thapar et al., 2012)。此外，抑郁症还带来了巨大的经济负担，主要体现在工作时间损失和生产力下降(Marwaha et al., 2023)。目前，重度抑郁症在全球疾病负担中排名第四，预计到 2030 年将成为首个疾病负担(Mathers & Loncar, 2006)。因此，过去几十年中，人们开发了多种抑郁症治疗方法，涵盖生物治疗(主要是抗抑郁药物)和心理治疗，并通过约 500 项随机对照试验验证了心理治疗对抑郁症的治疗效果。

1.1 心理治疗的有效性

考虑到药物治疗如选择性 5-羟色胺再摄取抑制剂(Selective serotonin reuptake inhibitors, SSRIs)可能带来的严重风险，例如增加自杀意念和自伤风险(Weisz et al., 2006)，美国食品药品监督管理局(FDA)于 2004 年对所有抗抑郁药物(包括 SSRIs)发出了“黑框警告 black box”，并鼓励临床医生和家长考虑药物治疗的替代方案。在众多处理抑郁症的干预措施中，心理治疗已被证明是一种特别

有效的方法(Kolovos et al., 2016)。研究表明，心理治疗在改善抑郁症状(Caldwell & Steffen, 2018)、提高生活质量(Paulides et al., 2021)以及降低长期复发率方面具有显著优势(Nierenberg et al., 2003)。这一点在青少年和成年人群体中特别显著，这些群体常因抑郁症而面临学业、工作和社会关系的挑战(Naicker et al., 2013; Santini et al., 2015)。

心理治疗的有效性不仅限于缓解抑郁症状，还包括提高个体的自我管理能力和应对技能，使患者能更好地处理日常生活中的压力和挑战(Beutler et al., 2018; Sattel & Henningsen, 2017)。认知行为治疗是其中研究和应用最为广泛的心理治疗形式之一，其核心在于帮助患者识别和改变那些导致情绪问题的负面思维模式和行为习惯(Beck, 1979)。在一项纳入 40 名成功接受抗抑郁治疗的复发性重度抑郁症患者的研究中，参与者随机分配接受针对残余症状的认知行为治疗。研究结果显示，在 6 年的追踪期间，接受认知行为治疗患者的复发率(40%)明显低于仅接受常规临床治疗的患者(90%)，此外，多次复发的情况在接受认知行为治疗的组别中也显著少于常规治疗组(Fava et al., 2004)。不仅如此，包括人际关系治疗(Markowitz & Weissman, 2012)、精神动力治疗(Driessen et al., 2013)和行为激活治疗(Cuijpers et al., 2018)在内的其他心理治疗形式，也通过其独特的作用机制对患者产生影响，同样表现出有效的干预成效，并最终缓解抑郁症状并提升患者生活质量。尽管各种心理治疗展现出了一定的效果，但不同治疗方法之间的有效性及其对不同患者症状的适应性仍存在明显差异。目前，尚未有确凿研究明确这些差异的具体影响，这强调了进行元分析以深入比较和评估不同心理治疗方法效果的重要性。

1.2 随机对照试验的优势

随机对照试验(Randomized controlled trial, RCT)是评估医疗干预，包括心理治疗的有效性与安全性的金标准(Meldrum, 2000)。在心理治疗领域，RCT 的设计使得研究者能够在控制众多潜在混杂因素的情况下，准确评估治疗对抑郁症的实际影响(Michopoulos et al., 2021)。这种研究设计通过随机分配参与者到治疗组和对照组(可能是安慰剂组或常规治疗组)，以确保各组在基线时的特征相似，从而减少偏倚并增加结果的可靠性(Spieth et al., 2016)。随机对照试验的优势还体现在它可以提供可重复的科学证据，这对于建立临床指南和决策支持非常重要(Bhide et al., 2018)。通过 RCT，研究者可以系统地评估和比较不同心理治疗技术的效果，确定哪些治疗方法在实际应用中效果最佳(Kazdin, 2008; Ng & Weisz, 2016)。此外，大部分元分析和系统综述的评估工具，如乔安娜•布里格斯研究所开发的评估工具(Joanna Briggs Institute critical appraisal tools, Lockwood et al., 2020)等，页将 RCT 研究视为最高级别且最具说服力的证据来源。更重要的是，RCT 的结果能够提供强有力的证据支持心理治疗的政策制定和资源分配。在卫生经济学中，基于 RCT 数据的成本效益和效用分析为政策制定者提供了重要的信息，有助于在公共卫生系统中如何有效地利用有限资源来管理和治疗抑郁症(Jacob et al., 2012; Buntrock et al., 2017)。

1.3 心理治疗的相关调节因素

在心理治疗的效果评估中，识别和理解相关调节因素至关重要，因为它们能显著影响治疗结果。调节因素通常包括个体差异、治疗环境、治疗师技能等，这些因素可能会加强或削弱治疗效

果。首先，在个体差异方面包括患者的年龄、文化背景、既往治疗经历等。例如，年轻患者可能对某些心理治疗方法，如认知行为治疗，反应更好，而老年患者可能更适应生命回顾治疗(Bohlmeijer et al., 2009)。其次，治疗的形式，包括治疗的设置(如个体、团体、远程心理治疗)、治疗频率和总时长。治疗形式的适宜性可以显著影响患者的舒适度和治疗的持续性，进而影响治疗结果。在一项对 108 名抑郁症患者进行认知行为治疗心理干预的研究中，结果显示接受团体治疗的患者相比个体治疗的患者，在干预后表现出更轻微的心理困扰和更高的自尊水平，研究还发现，抑郁症状初始严重程度越高的患者，从治疗中获得的效果越明显(Moggia et al., 2020)。此外，由于其便捷性和低成本，远程干预措施，如电话和在线干预，已经引起了研究者的广泛兴趣，并且显示出较为良好的治疗效果(Bantjes et al., 2021; Ferreri et al., 2018)。第三，不同的心理治疗方法(如认知行为治疗、人际关系治疗、精神动力治疗等)各有侧重点，适应于不同类型的抑郁和患者需求。因此，选择与患者特定需求和症状相匹配的治疗方法是提高治疗效果的关键。最终，心理治疗的效果也可能受到一些人口学因素的影响，例如干预的地理区域和患者的招募方式等。在一项针对低中等收入国家抑郁症心理治疗的元分析研究中，结果表明在考虑了治疗方法和研究特性后，心理干预在非西方国家的疗效更为显著(Cuijpers et al., 2018)。因此，深入了解这些调节因素对心理治疗效果的影响至关重要，因为它们有助于精确定制和优化治疗策略，从而提高治疗的整体成效。

1.4 当前研究

本研究通过系统综述和元分析方法，拟探讨和评估抑郁症心理治疗的随机对照试验。主要目标包括综述各种抑郁症心理治疗方法，整合来自不同地区和类型的随机对照试验数据，综合评估心理治疗对抑郁症患者的总体疗效及其在人群中的效果差异。此外，研究还分析了治疗效果可能受到的多种因素(如患者类型、治疗模式、疗程长度等)影响。通过对过去几十年中抑郁症心理治疗的随机对照试验进行分析，研究旨在揭示哪些心理治疗方法对抑郁症特别有效，以及这些方法在实际应用中的局限性和挑战。考虑到抑郁症患者的复杂性和多样性，此类研究有助于为临床医生提供全面的治疗选择。最终，研究希望通过高质量的元分析，提供科学依据支持心理治疗在公共卫生实践中的应用，尤其是在资源有限的环境中，为患者提供成本效益高的治疗选择。

2 方法

本研究数据来自公开免费 METAPSY 数据库 Web 应用程序(https://docs.metapsy.org/)中的抑郁症：心理治疗与控制子数据(Depression: Psychotherapy vs. Control, https://www.metapsy.org/database/depression-psychotherapy)，该项目由荷兰阿姆斯特丹自由大学 Pim Cuijpers 和 Eirini Karyotaki 领导，数据来源于过去 14 年间阿姆斯特丹自由大学研究人员开发的心理元分析数据库，德国埃尔朗根-纽伦堡大学和慕尼黑工业大学的研究人员帮助开发这个网络应用，该数据库的详细描述见 Cuijpers 等人(2008)。

2.1 文献检索与筛选

通过结合表示抑郁症(如 depressive disorder，major depression)和心理治疗(如 psychotherapy，cognitive behavior therapy)的索引术语和文本词汇，以随机对照试验(randomized controlled trials)为

过滤器，在四个主要的文献数据库中进行了搜索(PubMed、PsycInfo、Embase 和 Cochrane Library，具体检索目录见附录 1)。该数据库持续更新，最近一次的数据纳入了从 1966 年到 2022 年 1 月 1 日的相关研究，并通过全面的文献搜索开发而成。所有记录均由两名独立研究人员筛选，所有可能符合其中一名研究人员设定的纳入标准的论文均以全文形式检索。纳入或排除某项研究的决定也由两名独立研究人员做出，任何分歧通过讨论解决。

纳入的研究必须满足以下条件：(a)随机对照试验；(b)抑郁症的心理治疗；(c)与对照组(等待名单、常规护理、安慰剂或其他非活动治疗)相比较；(d)报告了心理治疗组和对照组效应量的研究。其中抑郁症可以是通过诊断访谈确定的临床重症抑郁症，或者通过自我报告量表得分高于某个临界值来确定的抑郁，抑或是根据研究者给出的任何定义，符合慢性或难治性抑郁症标准的慢性抑郁。心理治疗被定义为有意识且有目的地应用基于确立的心理学原理衍生的临床方法和人际立场，以帮助人们修改他们的行为、认知、情感和其他个人特征，朝着参与者认为可取的方向变化(Campbell et al., 2013)。允许不同的治疗形式，包括个体治疗、团体治疗、电话治疗、非指导性自助和夫妻治疗等(各研究特征见附录 2 纳入研究的变量说明)。效应量的计算：表示为两组在干预前后的差异，通常使用两组的平均值之差除以合并的标准差。由于相当数量的研究样本量相对较小，对效应量进行小样本偏差校正，并使用 Hedges' *g* 作为效应量(Hedges & Olkin, 2014)。如果未报告均值和标准差，使用二分法结果的研究(干预前后，抑郁检出有无)则根据 Borenstein 等人(2021)的方法计算效应量。

排除标准包括：(a)没有明确表示是随机对照试验；(b)非同行评审的论文，如学位论文；(c)非针对抑郁的心理治疗研究，如对患有失眠症的抑郁症患者睡眠问题的干预研究等；(d)未报告足够数据以计算效应量的研究。(e)纳入了用英语、西班牙语、德语和荷兰语撰写的研究，其他语言研究则被排除。

2.2 质量评价与文献编码

使用 Cochrane Collaboration 开发的“偏差风险”评估工具(Higgins et al., 2011)来评估所包含研究的有效性。此工具评估随机对照试验中可能的偏差来源，包括随机分配情况，对条件的分配隐蔽性，防止知晓分配的干预措施(评估者的掩盖)，以及处理不完整结果数据的评估。对研究有效性的评估由两名独立研究者执行，并通过讨论解决任何意见不合。

最终纳入的研究数据包括，(a)作者与年份；(b)效应量；(c)样本量；(d)参与者特征(年龄，目标群体类型，招募方式，诊断方式)；(e)心理治疗的特征(治疗类型，治疗形式，对照组类型，治疗次数)；(f)其他：偏倚风险，地区。

2.3 元分析

效应量计算：由于数据库中已经提供了各研究的效应量 *g* 值，采用随机效应模型来处理预期的研究间异质性，并通过 R 软件中的'meta'(Balduzzi et al., 2019)和'dmetar'(Harrer et al., 2021)包执行元分析以计算汇总效应量 *g* 值。对于效应大小的评估，本研究遵循了 Cohen (1992)的标准，将 0.20、0.50 和 0.80 分别视为小、中、大效应量的界定值。

异质性检验：为评估效应大小的一致性，计算了异质性指标τ^2和I^2及其置信区间。τ^2量化了由于各个研究的不同而导致的总体效应估计的变异。I^2值表示不可归因于抽样误差的效应大小变异的百分比，I^2值越高，表示研究间的异质性越大，其中25%、50%和75%分别对应低、中和高异质性水平(Higgins et al., 2003)。此外，还进行Q检验来验证研究间异质性的统计显著性。

亚组分析与调节效应检验：鉴于研究众多，本次元分析主要针对不同心理治疗进行亚组分析。然后在不同的干预亚组内部，进一步分析了参与者的年龄分组、对照组类型、地区、诊断方式、干预形式、招募方式和对照组类型。此外，还对发表年份和干预次数进行了调节效应的检验。

发表偏移与检验：为了评估本研究中可能存在的发表偏倚，首先利用漏斗图(funnel plot)进行定性分析。漏斗图的对称性是评估发表偏倚的一种有效方法，如果漏斗图呈现对称的倒漏斗形状，这通常表明发表偏倚较小(Sterne & Harbord, 2004)。为了进一步量化发表偏倚的可能性，采用了Egger-MLMA回归分析，更准确地判断研究结果是否因发表偏倚而产生系统性偏差。其次，为了检测和处理异常值对总体分析结果的影响，执行离群值检测。通过识别和剔除那些极端值，可以更准确地估计效应大小。剔除这些离群值后，重新计算效应量g值，以评估其对总体分析结果的影响。最后，为了验证发表偏倚分析的可靠性，进行了p-curve分析。这种分析方法能帮助理解研究中的统计显著性分布，从而进一步确认结果是否受到发表偏倚的影响。

2.4 功率计算

由于某些治疗方式可能涉及的研究数量较少，参考Cuijpers等人(2011)对心理治疗元分析的建议和方法，以评估纳入的研究是否具有足够的统计功效来检测小效应($g = 0.2$)，并考虑检测$g = 0.3$效应大小所需的研究数量。根据Borenstein等人(2021)的方法进行功效计算。结果表明，以$\alpha = 0.05$，统计功效power = 0.80为标准，为了检测到$g = 0.2$的效应大小(保守地假设研究间τ^2较高)，需要至少纳入32项研究，且每项研究的平均样本量为50人(即每个条件下各25名参与者)。或者，需要20项研究(每项研究有80名参与者)或16项研究(每项研究有100名参与者)。为了检测到$g = 0.3$的效应大小，需要14项每项有50名参与者的研究，或9项每项有80名参与者的研究，或7项每项有100名参与者的研究。

3 结果

3.1 研究的选择与纳入

在构建数据库的过程中，初步检索获得了30889条记录。经过去除重复后，对21563条摘要进行了仔细筛选，并进一步全文审查了3584篇文章。最终有809篇文章被纳入数据库，其中有415篇文章报告了抑郁症随机对照试验中520个效应量的心理治疗研究。PRISMA流程图详细展示了研究的筛选和纳入过程，详见图1。鉴于纳入的文献数量较多，参考文献的详细列表被收录在附录3中，以供进一步查阅。

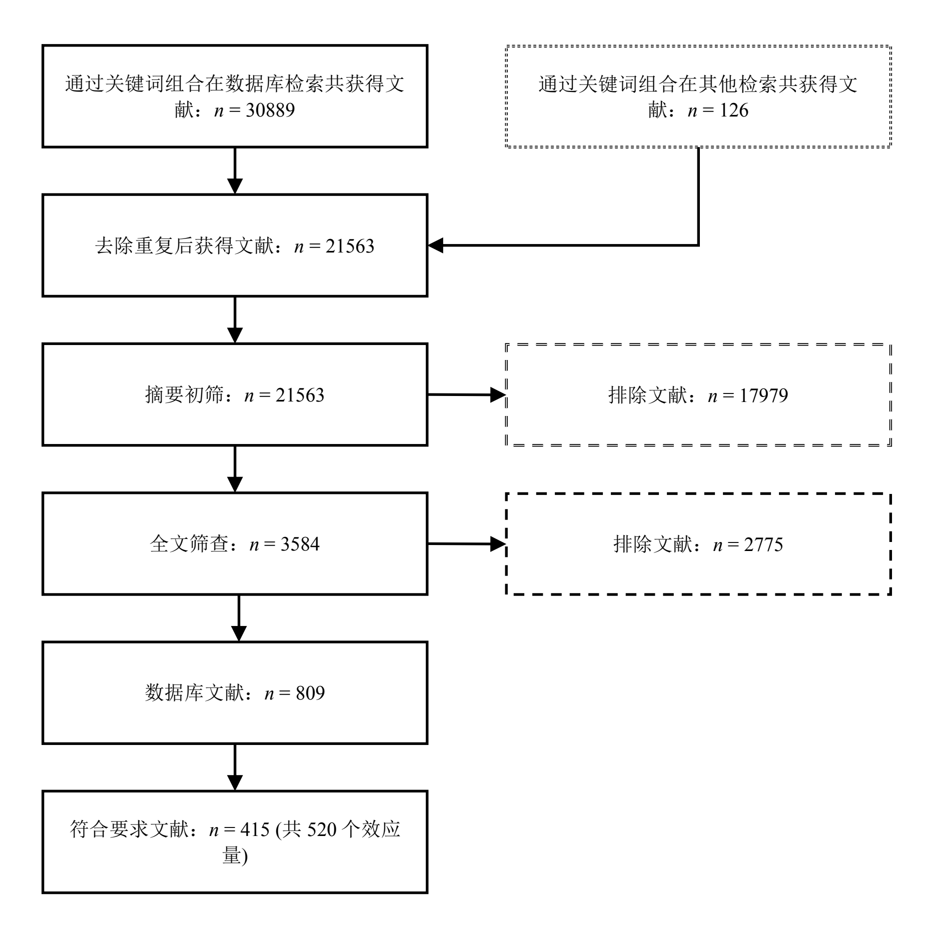


图 1 文献检索流程图

3.2 研究特征与质量评估

研究纳入了 60127 名参与者，样本规模范围从 14 至 1580 不等。415 项研究的参与者为成人，89 项研究的参与者年龄超过 55 岁，13 项涉及超过 75 岁的老年人，3 项未明确说明参与者年龄。在目标群体方面，212 项研究针对成人，107 项针对精神病患者，63 项针对围产期抑郁患者，46 项针对老年人，27 项针对学生样本及 65 项针对其他群体；117 项通过临床途径招募，235 项通过社区招募，剩余 168 项通过其他方式。抑郁状态的判断包括 153 项研究为重症抑郁症，92 项为情绪障碍，235 项根据量表评定，29 项为亚临床状态，11 项是以研究者自我标准定义为的慢性抑郁。

在治疗类型方面，265 项采用认知行为治疗(Cognitive behavior therapy, CBT)，37 项采用行为激活治疗(Behavioral activation therapy, BAT)，36 项采用第三波认知行为治疗(Third wave cognitive behavioral therapies, WT-CBT)，33 项采用问题解决治疗(Problem-solving therapy, PST)，33 项采用人际关系治疗(Interpersonal psychotherapy, IPT)，19 项采用非指导性支持治疗(Non-directive supportive therapy, NDST)，18 项采用生命回顾治疗(Life review therapy, LRT)，13 项采用精神动力治疗(Psychodynamic Therapy, PDT)及 66 项采用其他治疗方法。对照组设置包括 230 项常规护理，211 项实验后续治疗及 79 项其他如药物或心理安慰剂。干预次数从一次到 60 次不等，其中最常见的是 8 次干预(19.2%)。研究地域涵盖 174 项来自美国，130 项来自欧洲，57 项来自英国，44 项来自东亚，30 项来自澳大利亚，24 项来自加拿大及 61 项来自其他地区。干预形式包括 185 项个体治疗，162

项团体治疗，106 项指导型自助治疗，20 项电话治疗，7 项非指导型自助，3 项夫妻治疗及 37 项其他形式。根据研究质量，分为 225 项高质量和 295 项低质量研究(附录 4 展现了完整的纳入研究的基本信息)。

3.3 总体主效应和异质性检验

在本次元分析中，共纳入了 520 个效应量，涉及的研究样本量从 14 至 1580 不等。汇总的干预效果 $g = 0.72$，其 95%置信区间为[0.66, 0.78]，心理治疗的效应显著($p < 0.001$)，并且属于较大的效应量级。研究间的异质性方差$\tau^2 = 0.41$，95% *CI* 为[0.34, 0.49]。I^2 值为 82.6%，95% *CI* 为[81.3, 83.9]，表明研究间存在较高异质性。异质性检验结果显著：$Q_{(519)} = 2990.01$ ($p < 0.001$)。结果提示纳入的研究中存在显著的研究间异质性。

3.4 发表偏移和敏感性检验

在漏斗图中(图 2a)，大部分效应量集中于图表的上部，但有少数研究明显偏向右侧。Egger-MLMA 回归分析的结果显著($t = 9.01$，$p < .001$)，回归截距为 1.99，95% *CI* [1.56, 2.42]。漏斗图的及 Egger-MLMA 回归的结果显示本研究中总体存在发表偏倚。离群值检验发现共有 158 个异常点，在排除这些异常值之后，修正后的总效应量 $g = 0.65$，95% CI [0.62, 0.68]；$\tau^2 = 0.017$，95% *CI* [0.01, 0.03]；$I^2 = 21.0\%$，95% *CI* [10.0, 16.0]。此外，*p*-carve 分析结果表明(见附录 5)，心理治疗的效应不完全是由选择性报告导致的，从而证明其效应的真实性。

3.5 干预效果亚组分析

由于多种心理干预类型的存在，总体分析时仅聚焦于比较不同心理治疗的整体效果。结果表明，第三波认知行为治疗显示出最高的效用($g = 0.89$，95% *CI* [0.64, 1.14]，$k = 36$)，其次是传统认知行为治疗，该方法的效果也相对稳定且数量极大($g = 0.81$，95% *CI* [0.71, 0.90]，$k = 265$)。行为激活治疗的效果位居第三($g = 0.71$，95% *CI* [0.59, 0.91]，$k = 36$)。这项分析揭示了第三波认知行为治疗在众多心理干预中具有最显著的效果，显示出较高的干预效力。同时，传统认知行为治疗因其效果的高度稳定性，而且应用最为广泛而特别值得注意，这些发现对于心理健康实践具有重要的指导意义。

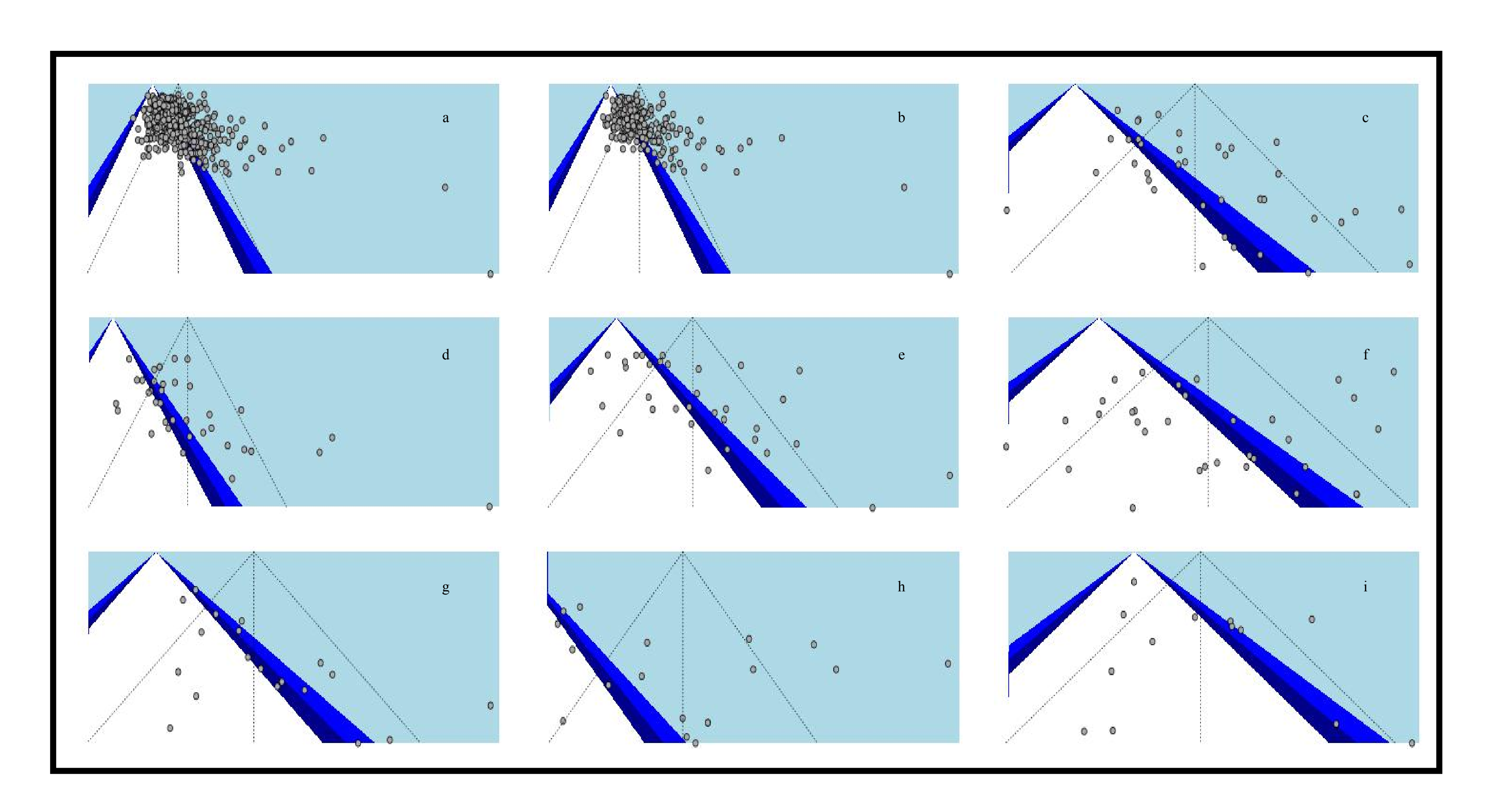


图 2 干预方式漏斗图

表 1 各干预方式亚组分析和调节效应检验

亚组	认知行为治疗				行为激活治疗				第三波认知行为治疗				问题解决治疗			
	k	*g*	95% *CI*	*p*	*k*	*g*	95% *CI*	*p*	*k*	*g*	95% *CI*	*p*	*k*	*g*	95% *CI*	*p*
年龄			0.07				0.80				0.38				0.45	
成年人	212	0.85	0.73, 0.97	< 0.001	30	0.75	0.58, 0.91	< 0.001	33	0.91	0.64, 1.19	< 0.001	22	0.70	0.43, 0.98	< 0.001
> 55	46	0.64	0.50, 0.79	< 0.001	5	0.68	-0.06, 1.42	0.07	3	0.75	0.50, 0.99	< 0.001	7	0.45	0.13, 0.76	0.01
> 75	4	0.57	0.04, 1.11	0.04	2	0.80	0.79, 0.80	< 0.001					4	0.76	0.04, 1.48	0.04
其他	3	0.67	0.58, 0.76	< 0.001												
对照组			0.08				**0.007**				0.50				0.08	
照常护理	112	0.70	0.56, 0.85	< 0.001	20	0.61	0.39, 0.83	< 0.001	10	0.74	0.44, 1.03	< 0.001	7	0.84	0.46, 1.22	< 0.001
候补名单	124	0.92	0.80, 1.04	< 0.001	11	1.07	0.84, 1.30	< .001	19	1.03	0.63, 1.43	< 0.001	18	0.73	0.40, 1.06	< 0.001
其他	29	0.74	0.23, 1.24	0.004	6	0.63	0.39, 0.87	< .001	7	0.76	0.15, 1.37	0.02	8	0.34	0.05, 0.64	0.02
地区			**0.004**				**0.002**				**0.002**				0.17	
澳大利亚和新西兰	25	0.72	0.48, 0.96	< 0.001	1	2.08	0.99, 3.17	< 0.001								
加拿大	12	0.74	0.52, 0.95	< 0.001	3	1.17	0.92, 1.43	< 0.001	3	0.33	0.06, 0.59	0.02				
东亚	26	1.06	0.65, 1.48	< 0.001	3	0.74	0.51, 0.97	< 0.001	2	0.27	0.01, 0.53	0.05				
欧洲	63	0.53	0.42, 0.65	< 0.001	4	1.17	0.63, 1.71	< 0.001	14	0.75	0.52, 0.98	< 0.001	11	0.45	0.18, 0.72	< 0.001
英国	28	0.66	0.38, 0.95	< 0.001	6	0.65	0.09, 1.22	0.02	1	0.92	0.17, 1.66	0.02	3	0.33	-0.09, 0.75	0.12
美国	81	0.72	0.62, 0.82	< 0.001	12	0.64	0.41, 0.88	< 0.001	6	0.67	0.30, 1.03	< 0.001	18	0.86	0.53, 1.20	< 0.001
其他	30	1.69	1.01, 2.36	< 0.001	8	0.56	0.29, 0.83	< 0.001	10	1.55	0.84, 2.27	< 0.001	1	0.63	-0.05, 1.31	0.07
诊断方式			0.80				0.08				0.35				0.08	
重症抑郁症	80	0.79	0.66, 0.92	< 0.001	7	0.98	0.53, 1.42	< 0.001	14	1.10	0.72, 1.48	< 0.001	7	0.78	0.04, 1.52	0.04
情绪障碍	56	0.89	0.66, 1.12	< 0.001	7	0.62	0.41, 0.83	< 0.001	3	0.53	-0.09, 1.15	0.09	5	0.75	0.07, 1.44	0.03
临界分数	115	0.80	0.62, 0.98	< 0.001	20	0.60	0.40, 0.80	< 0.001	14	0.85	0.35, 1.34	< 0.001	18	0.54	0.33, 0.75	< 0.001
亚临床抑郁症	12	0.64	0.31, 0.97	< 0.001	3	1.32	0.70, 1.94	< 0.001	2	0.82	-0.52, 2.17	0.23	3	1.11	0.74, 1.49	< 0.001
慢性抑郁症	2	1.03	-0.40, 2.47	0.16					3	0.61	0.30, 0.93	< 0.001				
干预形式			**< 0.001**				0.15				0.15				**< 0.001**	
个体	89	0.78	0.59, 0.97	< 0.001	17	0.80	0.51, 1.09	< 0.001	5	1.22	0.58, 1.86	< 0.001	11	0.38	0.11, 0.65	0.01
团体	74	1.07	0.81, 1.33	< 0.001	6	0.86	0.59, 1.13	< 0.001	23	0.95	0.58, 1.31	< 0.001	7	1.48	1.00, 1.97	< 0.001
指导性自助	73	0.63	0.54, 0.72	< 0.001	7	0.49	0.30, 0.68	< 0.001	6	0.73	0.62, 0.84	< 0.001	8	0.44	0.17, 0.72	0.001
电话	10	0.64	0.34, 0.94	< 0.001	1	0.64	0.16, 1.13	0.01					3	0.46	-0.01, 0.93	0.05
夫妻治疗	2	1.28	1.17, 1.40	< 0.001												
非指导性自助	5	0.45	0.17, 0.73	0.002									1	0.17	-0.08, 0.41	0.18
其他	12	0.79	0.45, 1.14	< 0.001	6	0.86	0.38, 1.35	< 0.001	2	0.31	-0.30, 0.92	0.32	3	0.75	0.16, 1.35	0.01
招募方式			0.27				0.44				0.21				0.16	
临床	54	0.77	0.54. 0.99	< .001	9	0.59	0.25, 0.94	< 0.001	8	1.00	0.43, 1.56	< 0.001	5	0.30	-0.06, 0.65	0.10
社区	131	0.72	0.64, 0.80	< .001	15	0.85	0.64, 1.06	< 0.001	19	0.68	0.47, 0.89	< 0.001	16	0.77	0.42, 1.11	< 0.001
其他	80	0.96	0.68, 1.24	< .001	13	0.73	0.42, 1.03	< 0.001	9	1.29	0.53, 2.06	< 0.001	12	0.64	0.31, 0.96	< 0.001
目标群体			0.23				**< 0.001**				0.17				0.17	
精神障碍及并发症	56	0.83	0.55, 1.11	< 0.001	5	0.32	0.03, 0.62	0.03	10	1.13	0.29, 1.97	0.01	9	0.49	0.12, 0.85	0.01
围产期抑郁	36	0.75	0.52, 0.97	< 0.001	1	0.33	-0.02, 067	0.05	1	1.18	0.48, 1.87	< 0.001				
成年人	109	0.77	0.65, 0.89	< 0.001	16	0.81	0.60, 1.02	< 0.001	17	0.78	0.55, 1.01	< 0.001	14	0.72	0.31, 1.13	< 0.001
老年人	22	0.61	0.42, 0.79	< 0.001	2	0.70	0.62, 0.78	< 0.001	1	0.51	-0.02, 1.04	0.06	4	0.39	0.03, 0.75	0.03
学生群体	14	0.94	0.71, 1.17	< 0.001	6	1.10	0.87, 1.34	< 0.001	3	1.23	0.78, 1.69	< 0.001				
其他	28	1.16	0.57, 1.75	< 0.001	7	0.69	0.21, 1.17	0.005	4	0.66	0.43, 0.88	< 0.001	6	0.92	0.56, 1.28	< 0.001

调节变量	*b*	95% *CI*	*p*	*b*	95% *CI*	*p*	*b*	95% *CI*	*p*	*b*	95% *CI*	*p*
出版年	-0.01	-0.01, 0.01	0.68	-0.02	-0.03, 0.001	0.06	0.03	-0.04, 0.10	0.39	-0.03	-0.05, -0.01	0.002
次数	0.02	-0.01, 0.04	0.09	-0.01	-0.04, 0.02	0.36	0.03	-0.08, 0.15	0.57	0.05	-0.04, 0.14	0.28

表 1 续 各干预方式亚组分析和调节效应检验

亚组	人际关系治疗				非指导性支持治疗				生命回顾治疗				精神动力治疗			
	k	g	95% *CI*	*p*	k	g	95% *CI*	*p*	k	g	95% *CI*	*p*	k	g	95% *CI*	*p*
年龄			**< 0.001**				0.25				0.31				0.01	
成年人	31	0.52	0.35, 0.68	< 0.001	17	0.59	0.37, 0.80	< 0.001	1	1.25	0.40, 2.10	0.004	12	0.40	0.14, 0.67	0.003
> 55					2	0.42	0.22, 0.62	< 0.001	15	1.29	0.85, 1.73	< 0.001	1	0	-0.16, 0.16	0.99
> 75									2	0.98	0.94, 1.02	< 0.001				
其他	2	0.10	-0.01, 0.21	0.07												
对照组			0.76				**< 0.001**				**< 0.001**				0.30	
照常护理	24	0.48	0.29, 0.67	< 0.001	13	0.39	0.27, 0.51	< 0.001	6	1.57	1.18, 1.95	< 0.001	8	0.32	0.04, 0.61	0.03
候补名单	4	0.63	0.18, 1.07	0.01	4	0.79	-0.07, 1.65	0.07	5	0.56	0.35, 0.78	< 0.001	1	1.09	0.14, 2.03	0.02
其他	5	0.41	0.07, 0.76	0.02	2	0.97	0.90, 1.04	< 0.001	7	1.54	0.78, 2.30	< 0.001	4	0.29	-0.28, 0.84	0.32
地区			0.91				**< 0.001**				0.23				**0.01**	
澳大利亚和新西兰	1	0.60	0.11, 1.09	0.02	2	0.77	0.62, 0.92	< 0.001	1	1.24	0.40, 2.10	0.004				
加拿大	2	0.63	-0.28, 1.53	0.18					2	1.31	1.25, 1.37	< 0.001	1	1.50	0.45, 2.55	0.01
东亚					1	0.60	0.02, 1.18	0.04	4	1.53	0.99, 2.07	< 0.001				
欧洲	4	0.34	-0.14, 0.82	0.17	5	0.89	0.22, 1.57	0.01	7	0.79	0.26, 1.32	0.003	4	0.56	0.08, 1.04	0.02
英国	1	0.66	-0.05, 1.37	0.07	6	0.31	0.18, 0.44	< 0.001					5	0.19	-0.08, 0.46	0.16
美国	22	0.44	0.27, 0.62	< 0.001	5	0.57	0.26, 0.87	< 0.001	3	1.78	0.24, 3.32	0.02	2	0.02	-0.19, 0.23	0.87
其他	3	0.75	-0.02, 1.53	0.06					1	1.76	1.16, 2.36	< 0.001	1	0.58	0.15, 1.00	0.01
诊断方式			**0.001**				0.25				**< 0.001**				**< 0.001**	
重症抑郁症	19	0.51	0.33, 0.68	< 0.001	4	0.48	0.02, 0.94	0.04	2	0.43	0.38, 0.48	< 0.001	4	0.39	-0.07, 0.84	0.10
情绪障碍	7	0.40	-0.10, 0.89	0.12	7	0.79	0.42, 1.17	< 0.001					3	0.59	0.38, 0.80	< 0.001
临界分数	5	0.59	0.22, 0.96	0.002	8	0.42	0.19, 0.64	< 0.001	15	1.43	1.04, 1.82	< 0.001	4	-0.02	-0.08, 0.04	0.58
亚临床抑郁症	2	0.19	0.14, 0.24	< 0.001					1	0.39	0.08, 0.69	0.01				
慢性抑郁症													2	0.80	-0.32, 1.93	0.16
干预形式			0.37				**0.03**				**< 0.001**				**< 0.001**	
个体	18	0.39	0.17, 0.60	< 0.001	11	0.42	0.27, 0.56	< 0.001	9	1.52	0.96, 2.09	< 0.001	9	0.39	0.11, 0.67	0.01
团体	7	0.70	0.36, 1.04	< 0.001	7	0.79	0.35, 1.23	< 0.001	7	0.88	0.48, 1.27	< 0.001				
指导性自助					1	0.16	-0.08, 0.39	0.21	1	0.34	-0.02, 0.71	0.07	1	0.96	0.59, 1.33	< 0.001
电话	5	0.62	0.20, 1.05	0.004					1	2.20	1.73, 2.67	< 0.001				
夫妻治疗																
非指导性自助													1	-0.27	-1.25, 0.72	0.59
其他	3	0.39	0.09, 0.69	0.01									2	-0.01	-0.04, 0.03	0.87
招募方式			0.33				0.70				**0.002**				0.88	
临床	10	0.34	0.15, 0.54	< 0.001	4	0.43	0.15, 0.70	0.002	3	1.37	0.24, 2.50	0.02	6	0.44	-0.02, 0.90	0.06
社区	10	0.45	0.14, 0.77	0.01	5	0.67	0.02, 1.32	0.04	8	0.63	0.36, 0.91	< 0.001	4	0.29	-0.28, 0.85	0.32
其他	13	0.59	0.33, 0.86	< 0.001	10	0.55	0.35, 0.75	0.70	7	1.76	1.19, 2.33	< 0.001	3	0.31	-0.05, 0.66	0.09
目标群体			**0.002**				0.27				**< 0.001**				0.70	
精神障碍及并发症	4	0.51	0.03, 1.00	0.04	5	0.56	0.28, 0.85	< 0.001	2	2.02	1.60, 5.44	< 0.001	2	0.23	-0.28, 0.74	0.37
围产期抑郁	11	0.49	0.16, 0.82	0.004	6	0.61	0.34, 0.87	< 0.001					1	0.53	0.12, 0.94	0.01

成年人	8	0.51	0.19, 0.83	0.002	6	0.32	0.12, 0.52	0.002	1	0.34	-0.02, 0.71	0.07	9	0.35	-0.03, 0.73	0.08
老年人	2	0.10	-0.01, 0.21	0.07					14	1.21	0.79, 1.64	< 0.001				
学生群体																
其他	8	0.51	0.28, 0.73	< 0.001	2	1.00	-0.74, 2.75	0.26	1	1.25	0.40, 2.10	0.004	1	0.58	0.15, 1.00	0.01
调节变量	*b*	95% *CI*		*p*	*b*	95% *CI*		*p*	*b*	95% *CI*		*p*	*b*	95% *CI*		*p*
出版年	-0.01	-0.03, 0.01		0.28	-0.02	-0.04, 0.01		0.09	-0.02	-0.06, 0.01		0.19	-0.01	-0.07, 0.06		0.94
次数	0.02	-0.02, 0.05		0.28	0.02	-0.04, 0.07		0.54	-0.15	-0.31, 0.01		0.06	0.01	-0.02, 0.02		0.80

注: 表中空缺表示该类型没有研究。

3.6 各干预亚组元分析(以纳入治疗效应量进行排序)

3.6.1 认知行为治疗

在认知行为治疗中，治疗师专注于分析患者当前的思维方式如何影响其行为和未来的功能表现。CBT 的核心目标是识别、质疑并改变患者的功能失调认知(即认知重构)。在这一治疗过程中，治疗师着重于分配家庭作业和鼓励患者参与课外活动。治疗师通过积极参与治疗对话和讨论，利用心理教育技术，并向患者介绍新的应对策略来应对压力环境。其中，最广为人知的方法包括遵循 Beck 等人(1979)提出的 CBT 手册以及 Lewinsohn 等人(1984)开发的“应对抑郁症课程 Coping with depression”。

元分析包括了 265 项关于认知行为治疗的研究，样本量从 14 至 1580 不等。总体治疗效果量为 $g = 0.81$，95% CI [0.71, 0.90]，显示出显著的心理治疗效应($p < 0.001$)，属于大效应量。研究之间的异质性较高，$\tau^2 = 0.58$，95% CI [0.45, 0.74]。$I^2 = 84.7\%$，95% CI [83.1, 86.2]，异质性检验 $Q_{(264)} = 1729.83$，$p < 0.001$。

漏斗图(图 2b)显示大部分效应量集中在图形上方，但也向右偏移的趋势，Egger-MLMA 回归分析结果显著($t = 7.02$，$p < 0.001$)，回归截距为 2.30，95% CI [1.66, 2.95]。漏斗图的对称性及 Egger-MLMA 回归结果表明，本研究存在一定的发表偏差。离群值检测显示有 76 个异常值，排除这些异常值后，综合效应量 $g = 0.71$，95% CI [0.67, 0.75]，$\tau^2 = 0.023$，95% CI [0.01, 0.01]。$I^2 = 24.0\%$，95% CI [8.0%, 37.0%]。进一步的 p-carve 分析(见附录 5)表明，所观测到的治疗效应非虚构和选择性报告的结果。

根据亚组分析和调节效应的测试结果(见表 1)，不同地区之间的治疗效果存在显著的差异($p = 0.004$)。具体来说，东亚地区的干预效果最为显著($g_{26} = 1.06, p < 0.001$)，表明该地区的治疗效果最佳；而在欧洲，尽管进行的研究数量最多，其干预效果却是最低的($g_{63} = 0.53, p < 0.001$)。此外，分析还显示，团体治疗的效果优于其他类型($g_{74} = 1.07, p < 0.001$)，仅次于夫妻治疗，但后者只有两项研究。这些结果揭示了不同地区和不同类型的治疗方法在效果上的显著差异。东亚地区的干预措施特别有效，而欧洲地区尽管研究多，效果却较低，可能由于文化、治疗方法或参与者差异所导致。团体治疗普遍显示出较高的效果，可能因为团体互动提供了更多的支持和动力。

3.6.2 行为激活治疗

行为激活治疗起源于关于抑郁的强化解释，该理论认为抑郁行为是因为缺乏以反应为条件的积极强化而产生(Lewinsohn, 1974)。根据这一理论，Lewinsohn 等人在 1980 年开发了一种行为治疗抑郁的方法，患者通过监测自己的情绪和日常活动，理解两者之间的联系。接着教导患者如何减少生活中不愉快事件的频率和主观不适感，并增加愉快活动的经历。

关于行为激活治疗的元分析涵盖了 $k = 37$ 项研究，样本量从 14 至 880 不等。总体干预效果为 $g = 0.75$，95% CI [0.58, 0.91]，表明该治疗具有显著的心理治疗效果($p < 0.001$)，效应量较大。研究间的异质性较高，$\tau^2 = 0.17$，95% CI [0.08, 0.36]。$I^2 = 70.5\%$，95% CI [58.9%, 78.9%]，异质性检验显著：$Q_{(36)} = 122.11$，$p < 0.001$。

漏斗图(图 2c)显示大部分效应量较为分散。Egger-MLMA 回归分析显示显著($t = 4.36$, $p < 0.001$)，回归截距为 2.16，95%置信区间[1.19, 3.13]，表明存在一定的发表偏倚。离群值检测发现 6 个异常值，去除后综合效应量为 $g = 0.70$，95% *CI* [0.57, 0.83]，$\tau^2 = 0.06$，95% *CI* [0.02, 0.17]。$I^2 = 54.0\%$，95% *CI* [31.0%, 70.0%]。后续的 *p*-carve 分析(见附录 5)表明治疗效果并非由选择性报告造成，治疗效应具有一定的真实性。

亚组分析及调节效应的检测结果(见表 1)揭示了显著的差异性。具体而言，在不同的对照组类型中，等待列表对照组的干预效果最为显著($g_{11} = 1.07$, $p < 0.001$)。研究显示地区间的干预效果也存在显著差异，其中加拿大和欧洲的效应最强($g_{3/4} = 1.17$, $p < 0.001$)。此外，行为激活治疗对学生群体的效果最好($g_6 = 1.10$, $p < 0.001$)。这些结果表明，干预的效果不仅受到研究设计的影响(如等待列表为控制组显示更高的效果)，同时也受到地域文化的影响，加拿大和欧洲地区的干预效果高于其他地区。这可能与当地的具体实施方式、接受程度或者健康保健系统的差异有关，且对学生群体的效果更好。

3.6.3 第三波认知行为治疗

第三波认知行为治疗是现代心理治疗的重要发展，它通过引入如正念、接纳、元认知和辩证法等新的治疗主题，扩展了传统认知行为治疗的范围(Kahl et al., 2012)。这些方法特别强调处理情绪、认知融合和促进治疗关系，旨在为那些传统方法难以有效帮助的患者群体提供新的治疗可能。第三波认知行为治疗减少了对传统认知干预的依赖，转而利用行为激活和技能训练来改善患者的心理健康。

第三波认知行为治疗的元分析包括了 $k = 36$ 项研究，样本量从 19 至 251 不等。综合分析结果表明，治疗效果的合成效应量为 $g = 0.89$，95% *CI* [0.63, 1.15]，表现出显著的大幅心理治疗效果($p < 0.001$)。研究之间的异质性相对较高，$\tau^2 = 0.48$，95% *CI* [0.25, 0.97]。$I^2 = 77.1\%$，95% *CI* [68.7%, 83.3%]，异质性检验结果为 $Q_{(35)} = 152.98$，$p < 0.001$。

漏斗图(见图 2d)主要显示效应量集中在图形上方，但不太对称。Egger-MLMA 回归分析结果显著($t = 3.78$，$p < 0.001$)，回归截距为 2.96，95% *CI* [1.43, 4.50]，这表明当前的研究存在发表偏倚。离群值检测发现有 5 个异常值，排除这些值后，综合效应量降至 $g = 0.72$，95% *CI* [0.59, 0.85]，$\tau^2 = 0.05$，95% *CI* [0.01, 0.18]。$I^2 = 41.0\%$，95% *CI* [9.0%, 61.0%]。最后的 *p*-carve 分析(见附录 5)结果显示治疗效应是真实的，不是由于选择性报告引起的。

亚组分析和调节效应的结果显示，唯一显著的差异出现在不同地区之间，具体来说，欧洲地区的治疗效果最为突出($g_{14} = 0.75$, $p < 0.001$)。这意味着在不同地区进行相同的治疗时，该方法在欧洲地区相比其他地区展现出更高的干预效果。

3.6.4 问题解决治疗

问题解决治疗是一种起源于 1970 年代、用于治疗成人抑郁症的心理治疗方法。问题解决治疗主要培训适应性解决问题的态度和技能，旨在通过帮助个体更有效地应对日常生活中的压力问题，从而减少和预防心理病理现象，增强正向福祉(D'zurilla & Goldfried, 1971)。过去的研究表明，问题

解决治疗与对照组相比具有较大的效果，并且在一些研究中显示出比其他治疗方法更为有效(Cuijpers et al., 2018)。

元分析覆盖了 $k = 33$ 项关于问题解决治疗的研究，样本量从 15 到 383 不等。整体干预效果的综合效应量为 $g = 0.64$，95% *CI* [0.42, 0.86]，表明该心理治疗效应显著($p < 0.001$)且属于较大的效应量。研究间的异质性较大，$\tau^2 = 0.29$，95% *CI* [0.15, 0.61]。$I^2 = 82.6\%$，95% *CI* [76.4%, 87.2%]，异质性检验结果 $Q_{(32)} = 184.19$，$p < 0.001$。

漏斗图(如图 2e 所示)显示大部分效应量集中在图形的上部但较为分散。Egger-MLMA 回归分析显著($t = 3.38$，$p < .001$)，回归截距为 2.90，95% *CI* [1.22, 4.57]，这表明研究结果存在发表偏倚。离群值检测发现 9 个异常值，移除这些值后，综合效应量降为 $g = 0.59$，95% *CI* [0.43, 0.75]，$\tau^2 = 0.07$，95% *CI* [0.02, 0.22]。$I^2 = 56.0\%$，95% *CI* [30.0%, 72.0%]。进一步的 *p*-carve 分析(见附录 5)表明治疗效应是真实存在的，不是由于选择性报告造成的。

亚组分析和调节效应的检测显示，治疗类型之间的差异显著($p < 0.001$)，其中团体治疗的效果最为显著($g_7 = 1.48, p < 0.001$)，而个体治疗的效果相对较低($g_{11} = 0.38, p < 0.001$)。此外，出版年的调节效应显著($b = -0.03, p < 0.001$)，随着年份增加治疗效果降低，这一结果表明，问题解决治疗在团体治疗在效果上超过了个体治疗。团体治疗可能由于其提供的社交支持和集体互动，使得参与者获得更高程度的心理改善。相反，个体治疗虽然提供一对一的专注，但在这些研究中其效果不如团体治疗显著。

3.6.5 人际关系心理治疗

人际关系治疗是一种在 1969 年开发并测试的心理治疗方法，最初用于治疗重度抑郁障碍，也是首个临床有效性研究中药物治疗和心理治疗抑郁症的一部分(Klerman & Weissmann, 1987)。人际关系治疗基于医学模型，视抑郁为可诊断和可治疗的精神病，重点治疗与抑郁相关的人际问题。研究结果显示，这种治疗可以缓解抑郁症状，改善社交功能，并且与药物治疗具有加成效应(Markowitz & Weissman, 2012)。

元分析对人际关系心理治疗包括了 33 项研究，涉及的样本量从 19 至 444 不等。综合分析显示，干预效果的平均效应量为 $g = 0.49$，95% *CI* [0.33, 0.65]，表明治疗效应显著($p < 0.001$)且属于中等效应量。研究之间的异质性显著，$\tau^2 = 0.13$，95% *CI* [0.07, 0.28]。$I^2 = 76.2\%$，95% *CI* [66.8%, 82.9%]，异质性检验 $Q_{(32)} = 134.53$，$p < 0.001$。

漏斗图(图 2f)展示出效应量左右较为对称。Egger-MLMA 回归分析结果不显著($t = -0.43$，$p = 0.67$)，回归截距为-0.44，95% *CI* [-2.44, 1.56]，表明未发现显著的发表偏倚。离群值检测发现 5 个异常值，移除这些值后，综合效应量降为 $g = 0.36$，95% *CI* [0.23, 0.48]，$\tau^2 = 0.03$，95% *CI* [0.01, 0.14]。$I^2 = 31.0\%$，95% *CI* [0.0%, 57.0%]。随后进行的 *p*-carve 分析(见附录 5)表明治疗效应并非虚假，说明结果不是由选择性报告造成的。

调节效应和亚组分析表明，在不同诊断类型中治疗效果有显著差异($p < 0.001$)。具体来说，人际关系治疗在治疗重症抑郁症和通过量表诊断的抑郁症上表现较好，效应量分别为 $g_{19} = 0.51$ ($p <$

0.001)和 $g_5 = 0.59$ ($p < 0.001$)。相比之下，对于情绪障碍和亚临床抑郁的治疗效果较弱，其效应量分别为 $g_7 = 0.40$ ($p = 0.12$)和 $g_2 = 0.19$ ($p < 0.001$)。此外，对于老年人群体，人际关系治疗的治疗效果不显著($g_2 = 0.10$, $p = 0.07$)。这些结果说明人际关系治疗在处理临床上较为严重的抑郁症时效果更为显著，可能因为这种疗法针对的是个体在人际关系中的问题，这些问题在严重抑郁症患者中更为突出。而对于情绪较轻的抑郁状态或亚临床抑郁，其效果较弱。对于老年人群体，可能因为他们面临的具体人际问题或心理需求与该治疗方法的关键介入点不完全匹配，因此治疗效果不显著。

3.6.6 非指导性支持治疗

非指导性支持性治疗是一种主要依靠治疗师的基本人际交往技能，如反映、同理心倾听、鼓励以及帮助人们探索和表达自己的经历和情感的心理治疗方法 (Markowitz et al., 1998)。在 NDST 中，治疗师避免给出建议或进行解释，治疗通常不旨在提供解决方案或习得新技能(Bower & Rowland, 2006)。这种治疗被广泛用于支持性治疗或咨询中，特别是面对抑郁症、癌症或 HIV 等患者的支持小组中(Evans & Connis, 1995)。研究表明，通过与他人讨论可以帮助个体缓解个人问题，NDST 通过提供一个非结构化的支持环境，使得个体能够自由地表达自己的经历和情感，从而获得心理上的缓解(Cuijpers et al., 2012)。

元分析涵盖了 $k = 19$ 项关于非指导性支持治疗的研究，样本量从 16 到 363 不等。元分析显示，治疗的整体效应量为 $g = 0.56$，95% *CI* [0.35, 0.76]，显示出显著的中等心理治疗效应($p < 0.001$)。研究之间的异质性相对较高，$\tau^2 = 0.10$，95% *CI* [0.02, 0.36]。$I^2 = 57.5\%$，95% *CI* [29.3%, 74.5%]，异质性检验 $Q_{(18)} = 42.40$，$p < 0.001$。

漏斗图(如图 2g 所示)表现出效应量分散且不对称。Egger-MLMA 回归分析结果显著($t = 3.99$，$p < 0.001$)，回归截距为 2.25，95% *CI* [1.15, 3.36]，这表明存在发表偏倚。离群值检测发现 1 个异常值，移除后，综合效应量降至 $g = 0.46$，95% *CI* [0.31, 0.62]，$\tau^2 = 0.03$，95% *CI* [0.01, 0.19]。$I^2 = 38.0\%$，95% *CI* [0.0%, 65.0%]。最终的 *p*-carve 分析(见附录 5)结果显示，观察到的治疗效果是真实的，不仅仅是由于选择性报告造成的。

亚组分析及调节效应检验表明控制组类型对研究结果有显著影响($p < 0.001$)。其中，以正常护理作为对照组的研究显示出最低的干预效果($g_{13} = 0.39$, $p < 0.001$)，而以等待列表作为对照组的干预效果并不显著($g_4 = 0.79$, $p = 0.07$)。此外，在欧洲地区进行的非指导性支持治疗效果最为显著($g_5 = 0.89$, $p = 0.01$)。在不同的干预模式中，相较于个体治疗($g_{11} = 0.42$, $p < 0.001$)和指导性自助($g_1 = 0.16$, $p = 0.21$)，团体治疗模式下的非指导性支持治疗表现出最佳效果($g_7 = 0.79$, $p < 0.001$)。这些发现揭示了控制组类型和地区对研究结果的显著影响。正常护理对照组的研究显示较低效果可能是因为这种对照组的干预本身就可能包含某种程度的治疗效应，使得新干预的相对效果显得较低。等待列表对照组的非显著效果可能指出这类研究的结果更难以预测或不稳定。欧洲地区的非指导性支持治疗表现出较高的效果可能与该地区对心理健康干预的接受度和优化的实施策略有关。团体治疗方式在非指导性支持治疗中显示最佳效果，可能因为团体环境提供了更多的社会支持和相互学

习机会，从而增强了治疗效果。

3.6.7 生命回顾治疗

生命回顾治疗是一种循证心理治疗方法，特别适用于老年人抑郁症的早期治疗(Bohlmeijer et al., 2003)。这种方法涉及到对个人生活的有结构评估，一方面帮助个体应对负面经历和冲突，另一方面则旨在赋予生活积极的意义(Haight, 1992)。生命回顾对于那些在生活中感受到意义丧失、对自己持有负面看法的老年人尤其有效，重要的生活事件可能导致人们更频繁地回忆起痛苦的经历或逃避过去的问题，这与较差的心理健康状况有关(Bohlmeijer et al., 2009)。

生命回顾治疗的元分析涉及了 $k = 18$ 项研究，样本量从 17 到 202 不等。整体干预效果的平均效应量为 $g = 1.25$，95% *CI* [0.85, 1.65]，表明该治疗具有显著的大效应量($p < 0.001$)。研究间的异质性较高，$\tau^2 = 0.53$，95% *CI* [0.27, 1.29]。$I^2 = 89.8\%$，95% *CI* [85.5%, 92.9%]，异质性检验 $Q_{(17)} = 167.31$，$p < 0.001$。

漏斗图(如图 2h 所示)显示效应量分布较为对称。Egger-MLMA 回归分析结果不显著($t = 1.94$，$p = 0.07$)，回归截距为 3.58，95% *CI* [-0.04, 7.21]，这表明不存在明显的发表偏倚。离群值检测发现 6 个异常值，移除这些值后，综合效应量降为 $g = 1.14$，95% *CI* [0.84, 1.44]，$\tau^2 = 0.10$，95% *CI* [0.01, 0.48]。$I^2 = 55.0\%$，95% *CI* [15.0%, 77.0%]。随后进行的 *p*-carve 分析(见附录 5)表明，观察到的治疗效果是真实的，不仅仅是由于选择性报告造成的。

亚组分析和调节效应的结果表明，不同类型的控制组在干预效果上存在显著差异($p < 0.001$)。以正常护理和其他类型作为控制组时，干预效果较为显著($g_6 = 1.57, p < 0.001; g_7 = 1.54, p < 0.001$)，而将等待列表作为控制组时，干预效果显著降低($g_5 = 0.56, p < 0.001$)。在不同的治疗设置中，对于通过量表诊断的抑郁症，生命回顾治疗显示出最佳效果($g_{15} = 1.43, p < 0.001$)。个体治疗($g_9 = 1.52, p < 0.001$)和电话治疗($g_1 = 2.20, p < 0.001$)的效果优于团体治疗($g_7 = 0.88, p < 0.001$)和指导性自助治疗($g_1 = 0.34, p = 0.07$)。此外，生命回顾治疗在临床和其他方式招募的被试中效果更好($g_3 = 1.37, p = 0.02; g_7 = 1.76, p < 0.001$)相比于社区招募($g_8 = 0.63, p < 0.001$)。对于特定人群，如老年人($g_{14} = 1.21, p < 0.001$)和患有其他精神障碍的被试($g_2 = 2.02, p < 0.001$)，生命回顾治疗同样展现出更高的效果。这些结果揭示了治疗效果受控制组类型和治疗设置的显著影响。当控制组为正常护理或其他类型时，对照的干预效果显得更高，而等待列表作为控制组则显著降低了干预的相对效果。此外，个体和电话治疗方式在效果上优于团体和自助疗法，表明更个性化或远程的治疗可能提供更有效的支持。针对特定人群如老年人和具有其他精神病症的患者，生命回顾治疗同样有效，这可能与这些群体的特定需要和生命回顾治疗的方法紧密相关。

3.6.8 精神动力治疗

精神动力治疗是一种心理治疗方法，旨在增强患者对重复性冲突(内心和人际之间)的理解、意识和洞察力，该疗法的一个基本假设是，患者的童年经历、过去未解决的冲突和历史关系对其当前生活状况有着显著的影响(Gabbard & Crisp, 2022)。在治疗过程中，治疗师会专注于患者的过去、未解决的冲突、历史关系以及这些因素对患者当前功能的影响，此外治疗师还会探索患者的愿望、

梦想和幻想(Driessen et al., 2013)。

元分析包括了 $k = 13$ 项关于精神动力治疗的研究，样本量范围从 16 至 569。治疗的综合效应量为 $g = 0.36$，95% CI [0.08, 0.64]，表明治疗具有显著效果($p < 0.001$)，且效应量处于小到中等范围。研究间的异质性相对较高，$\tau^2 = 0.14$，95% CI [0.03, 0.61]。$I^2 = 72.5\%$，95% CI [52.0%, 84.2%]，异质性检验 $Q_{(12)} = 43.59$，$p < 0.001$。

漏斗图(见图 2i)显示效应量分布较为对称。Egger-MLMA 回归分析结果不显著($t = 1.51$，$p = 0.16$)，回归截距为 1.52，95% CI [-0.45, 3.48]，显示不存在明显发表偏倚。离群值检测未发现异常值，后续的 p-carve 分析(见附录 5)结果表明观察到的治疗效果是真实的，不是由选择性报告引起的。

亚组分析和调节效应检验揭示了在美国($g_2 = 0.02, p = 0.86$)和英国($g_5 = 0.19, p = 0.46$)中精神动力治疗的效果并不显著；该治疗方法对情绪障碍的患者具有显著正面效果($g_3 = 0.59, p < 0.001$)。此外，精神动力治疗主要采用的是个体治疗方式($g_9 = 0.39, p = 0.01$)，而其他治疗方式较少使用。这些结果表明精神动力治疗在不同地区和不同疾病类型中的效果有所差异。尽管在美国和英国该治疗方法没有表现出明显的效果，它在治疗情绪障碍时却显著有效，这可能与这些地区对治疗的接受度、实施方式或患者特征有关。个体治疗作为主要的治疗方式表明它可能在提供更深层次的心理支持方面更为有效。其他治疗方式的使用较少可能反映了对该治疗形式的偏好或者在特定情境下的适应性。

4 讨论

抑郁症的心理治疗一直是研究重点，当前研究通过大规模的系统综述和元分析方法，详细评估了抑郁症心理治疗的有效性。共纳入了 415 项研究包含 520 个效应量，涉及 60127 名参与者。结果表明，各种类型的心理治疗均有显著效果，汇总的干预效果 $g = 0.72$。此外，不同的心理治疗方法在不同人群中展现了差异性的效果，其中认知行为治疗(包括 265 项研究)、行为激活治疗(包括 37 项研究)和第三波认知行为治疗(包括 36 项研究)表现尤为突出。此外，研究还发现了影响治疗效果的多种因素，如治疗模式、疗程长度、治疗师技能和研究地域等。研究通过对过去几十年中抑郁症心理治疗的随机对照试验进行分析，揭示了哪些心理治疗方法对抑郁症特别有效，以及这些方法在实际应用中的局限性和挑战。研究希望通过高质量的元分析，提供科学依据支持心理治疗在公共卫生实践中的应用，尤其是在资源有限的环境中，为患者提供成本效益高的治疗选择。

4.1 主要发现

过去几十年中，心理治疗在缓解抑郁症状、提高生活质量和减少长期复发率方面展示了显著优势。大多数抑郁症患者也更倾向于选择心理治疗而非药物治疗，且心理治疗的方法也不断丰富(van Bronswijk et al., 2019)。本研究纳入了 8 种主要的心理治疗方法，结果显示心理治疗的综合效应量为 0.72，属于较大效应，与以往研究结果类似(Cuijpers et al., 2020; Munder et al., 2019)。在多种心理治疗方法中，认知行为治疗(CBT)通过帮助患者识别和改变负面思维模式和行为习惯，显著改善抑郁症状并减少复发率，被广泛认为是治疗抑郁症的最佳方式之一(Spirito et al., 2011)。元分析结果显示，CBT 的效应量为 $g = 0.81$，表明其治疗效果显著。特别是在东亚地区，CBT 的效果更

为突出，效应量达到 $g = 1.06$。此外，团体治疗的 CBT 效果优于个体治疗，显示了团体互动对治疗效果的积极影响。由于 CBT 的稳定性、广泛应用及对新手治疗师的友好性，尤其在不同文化背景下，仍被视为抑郁症心理治疗的首选方法(Wilcockson, 2020)。此外，与 CBT 干预机制类似的行为激活治疗和第三波认知行为治疗也显示出显著效果。行为激活治疗通过帮助患者重新参与有意义的活动，减少回避行为，显著提升患者的情绪和生活满意度。第三波认知行为治疗，如正念、接受与承诺疗法和辩证行为疗法，在传统 CBT 的基础上增加了对接受、正念和个人价值观的关注。这两种干预方式都聚焦于改善不良行为，并且拥有相对标准化的流程，便于在不同文化背景下实施和推广。

除了认知行为治疗，其他心理治疗方法也显示出显著的效果。例如，问题解决治疗在团体治疗模式中表现出超高的效应量($g = 1.48$)，表明其在集体环境中能有效帮助患者应对和解决日常生活中的问题，进而减轻抑郁症状(D’Zurilla & Nezu, 2010)。人际关系心理治疗强调改善患者的人际关系，研究表明其在提升患者社交功能和缓解抑郁症状方面具有显著效果，特别是在处理关系冲突和改善社会支持方面(Lipsitz & Markowitz, 2013)。在一项针对美国青少年抑郁症的随机对照试验中，研究结果表明，与日常护理组相比，接受人际关系治疗的青少年抑郁症状显著减少，整体社会功能显著改善(Mufson et al., 2004)。考虑到学校中患者数量众多、心理健康中心的资源有限以及高转诊率的特点，加之青少年面临复杂的人际关系问题，人际关系治疗在青少年抑郁症治疗中展现了极大的潜力。非指导性支持治疗尽管没有明确的结构性干预，但通过治疗师的支持和共情，患者在表达和探索自身情感方面获得了显著的心理缓解，展示了其潜在的治疗效果(Bower & Rowland, 2006)。生命回顾治疗尤其适用于老年人，通过引导患者回顾和反思过去的经历，帮助他们找到生活的意义和价值，从而显著改善抑郁症状(Bohlmeijer et al., 2009)。然而，作为最古老的心理治疗方法之一，精神动力治疗在本研究中显示出最低的治疗效果。这可能是因为精神动力治疗对治疗师的要求较高，需要治疗师具备高度的专业技能和丰富的临床经验，而在随机对照试验中，治疗通常由经过短期培训的研究生来进行。此外，精神动力治疗的疗程较长且费用较高，可能导致患者的依从性较低，从而影响其总体效果。然而，也有研究表明，精神动力治疗在长期效果方面可能更为显著(Watzke et al., 2010)，但本研究中关于长期结果的数据较为有限。

4.2 调节效应分析

首先，根据亚组分析和调节效应的测试结果，不同地区在多种心理干预效果方面存在显著差异。心理治疗在非西方国家的重要性逐渐显现，一方面心理干预治疗的研究数量增加，另一方面某些心理干预的疗效显著高于西方国家。在一项关于非西方国家积极心理干预的元分析，Hendriks 等人(2018)发现，积极心理干预在改善抑郁、焦虑和主观幸福感方面效果显著，总体效益超过西方国家，然而由于研究总体质量较低，可能存在偏差。非西方国家的显著效果可能得益于其独特的文化背景和社会支持系统，如东亚文化中注重集体主义和社会和谐，使团体治疗特别有效，增强了患者的治疗动机和效果(Hwang & Chang, 2009)。相比之下，欧洲地区尽管在心理治疗研究上投入大量资源，但某些干预方法效果较低，可能与其个体主义文化和治疗方法的差异有关(Koç & Kafa,

2019)。但同时有些疗法如行为激活治疗，非指导性治疗在西方国家则表现出更好的疗效。总之，不同地区的心理干预效果差异显著，与各地区的文化背景、社会支持系统和治疗方法的接受度有关。随着心理治疗在全球范围内的推广和应用，非西方国家的心理治疗实践也在逐步完善，显示出其在改善抑郁症状方面的巨大潜力。

其次，随着技术的发展，心理治疗的方式也在不断拓展。除了传统的个体和团体治疗外，远程和电话干预也逐渐增多。远程心理治疗，如电话和在线干预，因其便捷性和低成本，受到越来越多研究者的关注，并显示出较好的治疗效果(Barak & Grohol, 2011)。虽然个体治疗和团体治疗仍然是最常见的形式，但远程和电话干预的增加，为更多患者提供了灵活且有效的治疗选择(Barak et al., 2014)。此外，随着人工智能大模型的迅速发展，心理治疗也迎来了新的变革。如 AI 聊天机器人服务平台 Character AI 平台，推出了一款“心理学家(Psychologist)”机器人，受到了数百万人的青睐，其中大部分为青少年，他们通过和机器人聊天寻求更多的陪伴、支持、娱乐以及心理疗愈。不仅如此，2024 年 5 月 13 日 OpenAI 发布了最新的 GPT-4o，引入了 AI 视频通话和情绪识别功能。这一进步使得 AI 在心理干预领域的应用前景更加广阔。通过视频通话和情绪识别，AI 能够实时监测和评估用户的情绪状态，从而提供个性化的心理支持和干预。AI 结合心理干预不仅提高了治疗的可及性和效率，还能够在资源有限的环境中提供及时的帮助。这一方向的发展有望大幅提升心理健康服务的质量和覆盖范围，使更多人受益于科技进步带来的心理健康支持。

第三，不同干预对象和对照组类型对心理干预效果有显著影响。在干预对象方面，不同类型的治疗对不同人群的效果存在显著差异。行为激活治疗对学生群体的效果最佳，可能因为该疗法能有效应对学生的特定需求和生活方式。人际关系治疗在重症抑郁症患者中表现突出，但对情绪障碍和亚临床抑郁患者的效果较弱。生命回顾治疗则更加适合于老年人群体。此外，对照组类型对干预效果的影响也非常显著。例如，在行为激活治疗中，相较于照常护理组，以候补名单为对照组的心理干预效果显著更好。关于对照组类型的讨论由来已久，因为对照组是检验心理干预有效性的关键标准。Cuijpers 等人(2019)通过元分析驳斥了 Eysenck(1952)关于心理治疗在治疗精神障碍方面无效的观点。后 Munder 等人(2019)重新分析了 Cuijpers 的结果，发现以等待列表为对照组的心理治疗效应量约为 0.70，显著高于照常护理(0.31)和其他对照组(0.43)。以正常护理作为对照组的研究显示最低的干预效果，这可能是因为正常护理组本身包含一定的治疗效应，使新干预的相对效果显得较低。而等待列表作为对照组的研究显示最高的干预效果，因为等待列表组缺乏实际干预，使新干预的效果相对更高。总体而言，干预对象和对照组类型在心理干预效果方面具有显著调节效应。在设计和实施心理干预时，需充分考虑干预对象的特定需求和对照组类型的影响，以优化干预策略，提升整体治疗效果。

最后，关于干预次数，研究结果显示，8 次干预是最为常见且效果显著的频次。然而，研究并未发现干预次数对治疗效果有显著的调节效应。无论干预次数多少，心理治疗均显示出显著的效果。这表明，虽然干预次数的增加可能带来一定的益处，但其对整体治疗效果的影响并不显著。临床实践中，可以根据患者的具体情况和需求，灵活调整干预次数，以达到最佳治疗效果。

4.3 研究不足与展望

尽管本研究纳入了520个关于抑郁症心理治疗的随机对照实验效应量，提供了大量的数据和详尽的综述，但仍需指出以下不足之处。首先，纳入的研究整体发表偏移现象较为明显，较为积极和显著的研究结果更有可能被发表，而那些未能显示显著效果的研究可能未被公开，这种偏移可能导致对心理治疗效果的高估尽管。其次，抑郁的定义较为广泛，研究中采用了多种标准来定义抑郁症，包括诊断访谈、自我报告量表和研究者定义的标准。这种定义上的广泛性可能导致结果的异质性，难以统一衡量和比较不同干预的效果。第三，对于效果评定缺乏统一的指标，不同研究使用了不同的量表和评估工具来测量抑郁症状的变化，缺乏一致的效果评定标准。这种多样性可能导致结果的不一致，增加了结果解释的复杂性。最后，治疗师的身份和水平未定义，研究中没有详细描述治疗师的身份和专业水平。然而，治疗师的技能和经验对心理干预的效果有显著影响，忽略这一因素可能导致结果的偏差。未来的研究应努力统一抑郁症的定义和评估标准，采用公认且广泛使用的评估工具，以减少结果的异质性，提高研究的可比性。同时详细记录治疗师的专业背景、培训经历和临床经验，通过控制和分析治疗师的变量，可以更准确地评估治疗效果，并制定更具针对性的干预策略。通过这些改进，未来的研究将能够更准确地评估心理治疗的效果，为临床实践提供更坚实的证据基础，并最终改善全球抑郁症患者的生活质量。

5 结论

本研究通过一项大规模的系统综述和元分析，纳入415项研究包含520个效应量，评估了抑郁症心理治疗的有效性，其综合效应量为0.72，这与以往的研究结果相一致，并进一步确认了心理治疗在抑郁症治疗中的重要作用。其中认知行为治疗效果显著，其他疗法如行为激活治疗、第三波认知行为治疗和人际关系治疗也显示出显著效果，但整体上仍不及CBT稳定且广泛适用。地区因素调节了心理治疗效果，非西方国家的心理治疗发展逐渐显现出其重要性。远程和电话干预因其便捷性和低成本，显著提高了治疗的可及性。干预次数对效果的影响不显著，但灵活调整干预次数可优化治疗效果。尽管存在一些局限性，如发表偏倚和异质性问题，本研究为心理治疗在公共卫生中的应用提供了科学依据，尤其在资源有限的环境中，显示出巨大的治疗潜力。

参考文献

Balduzzi, S., Rücker, G., & Schwarzer, G. (2019). How to perform a meta-analysis with R: a practical tutorial. *BMJ Ment Health, 22*(4), 153-160.

Bantjes, J., Kazdin, A. E., Cuijpers, P., Breet, E., Dunn-Coetzee, M., Davids, C., ... & Kessler, R. C. (2021). A web-based group cognitive behavioral therapy intervention for symptoms of anxiety and depression among university students: open-label, pragmatic trial. *JMIR mental health, 8*(5), e27400. https://doi.org/10.2196/27400

Barak, A., & Grohol, J. M. (2011). Current and future trends in internet-supported mental health interventions. *Journal of Technology in Human Services, 29*(3), 155-196.

Barak, A., Hen, L., Boniel-Nissim, M., & Shapira, N. A. (2014). A comprehensive review and a meta-analysis of the effectiveness of internet-based psychotherapeutic interventions. *Internet-Delivered Therapeutic Interventions in Human Services*, 5-55.

Beck, A. T. (Ed.). (1979). *Cognitive therapy of depression*. Guilford press.

Beutler, L. E., Kimpara, S., Edwards, C. J., & Miller, K. D. (2018). Fitting psychotherapy to patient coping style: A meta‐analysis. *Journal of Clinical Psychology, 74*(11), 1980-1995.

Bhide, A., Shah, P. S., & Acharya, G. (2018). A simplified guide to randomized controlled trials. *Acta obstetricia et gynecologica Scandinavica, 97*(4), 380-387.

Bohlmeijer, E., Kramer, J., Smit, F., Onrust, S., & Van Marwijk, H. (2009). The effects of integrative reminiscence on depressive symptomatology and mastery of older adults. *Community mental health journal, 45*, 476-484.

Bohlmeijer, E., Smit, F., & Cuijpers, P. (2003). Effects of reminiscence and life review on late‐life depression: a meta‐analysis. *International journal of geriatric psychiatry, 18*(12), 1088-1094.

Borenstein, M., Hedges, L. V., Higgins, J. P., & Rothstein, H. R. (2021). Introduction to meta-analysis. John Wiley & Sons.

Bower, P. J., & Rowland, N. (2006). Effectiveness and cost effectiveness of counselling in primary care. *Cochrane Database of Systematic Reviews*, 3. https://doi.org/10.1002/14651858.CD001025.pub2

Buntrock, C., Berking, M., Smit, F., Lehr, D., Nobis, S., Riper, H., ... & Ebert, D. (2017). Preventing depression in adults with subthreshold depression: health-economic evaluation alongside a pragmatic randomized controlled trial of a web-based intervention. *Journal of medical Internet research, 19*(1), e5. https://doi.org/10.2196/jmir.6587

Caldwell, Y. T., & Steffen, P. R. (2018). Adding HRV biofeedback to psychotherapy increases heart rate variability and improves the treatment of major depressive disorder. *International Journal of Psychophysiology, 131*, 96-101.

Campbell, L. F., Norcross, J. C., Vasquez, M. J., & Kaslow, N. J. (2013). Recognition of psychotherapy effectiveness: the APA resolution. *Psychotherapy, 50*(1), 98-101.

Cohen, J. (1992). Statistical power analysis. *Current directions in psychological science, 1*(3), 98-101.

Cuijpers, P. (2017). Four decades of outcome research on psychotherapies for adult depression: An overview of a series of meta-analyses. *Canadian Psychology, 58*(1), 7.

Cuijpers, P., de Wit, L., Kleiboer, A., Karyotaki, E., & Ebert, D. D. (2018). Problem-solving therapy for adult depression: an updated meta-analysis. *European Psychiatry, 48*(1), 27-37.

Cuijpers, P., Driessen, E., Hollon, S. D., van Oppen, P., Barth, J., & Andersson, G. (2012). The efficacy of non-directive supportive therapy for adult depression: a meta-analysis. *Clinical psychology review, 32*(4), 280-291.

Cuijpers, P., Geraedts, A. S., van Oppen, P., Andersson, G., Markowitz, J. C., & van Straten, A. (2011). Interpersonal psychotherapy for depression: a meta-analysis. *American Journal of Psychiatry, 168*(6), 581-592.

Cuijpers, P., Karyotaki, E., Eckshtain, D., Ng, M. Y., Corteselli, K. A., Noma, H., ... & Weisz, J. R. (2020). Psychotherapy for depression across different age groups: a systematic review and meta-analysis. *JAMA psychiatry, 77*(7), 694-702.

Cuijpers, P., Karyotaki, E., Reijnders, M., & Ebert, D. D. (2019). Was Eysenck right after all? A reassessment of the effects of psychotherapy for adult depression. *Epidemiology and Psychiatric Sciences, 28*(1), 21-30.

Cuijpers, P., Karyotaki, E., Reijnders, M., Purgato, M., & Barbui, C. (2018). Psychotherapies for depression in low‐ and middle‐income countries: A meta‐analysis. *World Psychiatry, 17*(1), 90-101.

Cuijpers, P., van Straten, A., Warmerdam, L., & Andersson, G. (2008). Psychological treatment of depression: a meta-analytic database of randomized studies. *BMC psychiatry, 8*, 1-6.

D'zurilla, T. J., & Goldfried, M. R. (1971). Problem solving and behavior modification. *Journal of abnormal psychology, 78*(1), 107-126.

D'Zurilla, T. J., & Nezu, A. M. (2010). Problem-solving therapy. *Handbook of cognitive-behavioral therapies, 3*(1), 197-225.

Driessen, E., Van, H. L., Don, F. J., Peen, J., Kool, S., Westra, D., ... & Dekker, J. J. (2013). The efficacy of cognitive-behavioral therapy and psychodynamic therapy in the outpatient treatment of major depression: a randomized clinical trial. *American Journal of Psychiatry, 170*(9), 1041-1050.

Evans, R. L., & Connis, R. T. (1995). Comparison of brief group therapies for depressed cancer patients receiving radiation treatment. *Public Health Reports, 110*(3), 306-311.

Eysenck, HJ (1952) The effects of psychotherapy: an evaluation. *Journal of Consulting Psychology 16*, 319–324.

Fava, G. A., Ruini, C., Rafanelli, C., Finos, L., Conti, S., & Grandi, S. (2004). Six-year outcome of cognitive behavior therapy for prevention of recurrent depression. *American Journal of Psychiatry, 161*(10), 1872-1876.

Ferreri, F., Bourla, A., Mouchabac, S., & Karila, L. (2018). e-Addictology: an overview of new technologies for assessing and intervening in addictive behaviors. *Frontiers in psychiatry, 9*, 348832. https://doi.org/10.3389/fpsyt.2018.00051

Gabbard, G. O., & Crisp, H. (2022). Techniques of psychodynamic psychotherapy. *Gabbard's Textbook of Psychotherapeutic Treatments*, 41.

Haight, B. K. (1992). Long-term effects of a structured life review process. *Journal of gerontology, 47*(5), 312-315.

Harrer, M., Cuijpers, P., Furukawa, T., & Ebert, D. (2021). *Doing meta-analysis with R: A hands-on guide*. Chapman and Hall/CRC.

Hedges, L. V., & Olkin, I. (2014). *Statistical methods for meta-analysis*. Academic press.

Hendriks, T., Schotanus-Dijkstra, M., Hassankhan, A., Graafsma, T. G. T., Bohlmeijer, E., & de Jong, J. (2018). The efficacy of positive psychological interventions from non-western countries: a systematic review and meta-analysis. *International Journal of Wellbeing, 8*(1). https://doi.org/10.5502/ijw.v8i1.711

Higgins, J. P., Altman, D. G., Gøtzsche, P. C., Jüni, P., Moher, D., Oxman, A. D., ... & Sterne, J. A. (2011). The Cochrane Collaboration's tool for assessing risk of bias in randomised trials. Bmj, 343. https://doi.org/10.1136/bmj.d5928

Hwang, K. K., & Chang, J. (2009). Self-cultivation: Culturally sensitive psychotherapies in Confucian societies. *The Counseling Psychologist, 37*(7), 1010-1032.

Jacob, V., Chattopadhyay, S. K., Sipe, T. A., Thota, A. B., Byard, G. J., Chapman, D. P., & Community Preventive Services Task Force. (2012). Economics of collaborative care for management of depressive disorders: a community guide systematic review. *American journal of preventive medicine, 42*(5), 539-549.

Kahl, K. G., Winter, L., & Schweiger, U. (2012). The third wave of cognitive behavioural therapies: what is new and what is effective?. *Current opinion in psychiatry, 25*(6), 522-528.

Kazdin, A. E. (2008). Evidence-based treatment and practice: new opportunities to bridge clinical research and practice, enhance the knowledge base, and improve patient care. *American psychologist, 63*(3), 146-159.

Klerman, G. L., & Weissmann, M. M. (1987). Interpersonal Psychotherapy (IPT) and Drugs in the Treatment of Depression1, 2. *Pharmacopsychiatry, 20*(01), 3-7.

Koç, V., & Kafa, G. (2019). Cross-cultural research on psychotherapy: The need for a change. *Journal of Cross-Cultural Psychology, 50*(1), 100-115.

Kolovos, S., Kleiboer, A., & Cuijpers, P. (2016). Effect of psychotherapy for depression on quality of life: meta-analysis. *The British Journal of Psychiatry, 209*(6), 460-468.
Lewinsohn, P. M. (1974). A behavioral approach to depression. In R. J. Friedman & M. M. Katz (Eds.), *The psychology of depression: Contemporary theory and research* (pp. 157–185). Washington, DC: Winston-Wiley.
Lewinsohn, P. M., Steinmetz, J. L., Antonuccio, D., & Teri, L. (1984). Group therapy for depression: The coping with depression course. *International Journal of Mental Health, 13*(3-4), 8-33.
Lewinsohn, P. M., Sullivan, J. M., & Grosscap, S. J. (1980). Changing reinforcing events: An approach to the treatment of depression. *Psychotherapy: Theory, Research and Practice, 17*, 322–334.
Lipsitz, J. D., & Markowitz, J. C. (2013). Mechanisms of change in interpersonal therapy (IPT). *Clinical psychology review, 33*(8), 1134-1147.
Lockwood, C., Stannard, D., Jordan, Z., & Porritt, K. (2020). The Joanna Briggs Institute clinical fellowship program: a gateway opportunity for evidence-based quality improvement and organizational culture change. *JBI Evidence Implementation, 18*(1), 1-4.
Markowitz, J. C., & Weissman, M. M. (2012). Interpersonal psychotherapy: past, present and future. *Clinical psychology & psychotherapy, 19*(2), 99-105.
Markowitz, J. C., Kocsis, J. H., Fishman, B., Spielman, L. A., Jacobsberg, L. B., Frances, A. J., ... & Perry, S. W. (1998). Treatment of depressive symptoms in human immunodeficiency virus–positive patients. *Archives of General Psychiatry, 55*(5), 452-457.
Marwaha, S., Palmer, E., Suppes, T., Cons, E., Young, A. H., & Upthegrove, R. (2023). Novel and emerging treatments for major depression. *The Lancet, 401*(10371), 141-153.
Mathers, C. D., & Loncar, D. (2006). Projections of global mortality and burden of disease from 2002 to 2030. *PLoS medicine, 3*(11), e442. https://doi.org/10.1371/journal.pmed.0030442
Meldrum, M. L. (2000). A brief history of the randomized controlled trial: From oranges and lemons to the gold standard. *Hematology/oncology clinics of North America, 14*(4), 745-760.
Michopoulos, I., Furukawa, T. A., Noma, H., Kishimoto, S., Onishi, A., Ostinelli, E. G., ... & Cuijpers, P. (2021). Different control conditions can produce different effect estimates in psychotherapy trials for depression. *Journal of clinical epidemiology, 132*, 59-70.
Moggia, D., Lutz, W., Arndt, A., & Feixas, G. (2020). Patterns of change and their relationship to outcome and follow-up in group and individual psychotherapy for depression. *Journal of Consulting and Clinical Psychology, 88*(8), 757.
Mufson, L., Dorta, K. P., Wickramaratne, P., Nomura, Y., Olfson, M., & Weissman, M. M. (2004). A randomized effectiveness trial of interpersonal psychotherapy fordepressed adolescents. *Archives of general psychiatry, 61*(6), 577-584.
Munder, T., Flückiger, C., Leichsenring, F., Abbass, A. A., Hilsenroth, M. J., Luyten, P., ... & Wampold, B. E. (2019). Is psychotherapy effective? A re-analysis of treatments for depression. *Epidemiology and psychiatric sciences, 28*(3), 268-274.
Naicker, K., Galambos, N. L., Zeng, Y., Senthilselvan, A., & Colman, I. (2013). Social, demographic, and health outcomes in the 10 years following adolescent depression. *Journal of Adolescent Health, 52*(5), 533-538.
Ng, M. Y., & Weisz, J. R. (2016). Annual research review: Building a science of personalized intervention for youth mental health. *Journal of Child Psychology and Psychiatry, 57*(3), 216-236.
Nierenberg, A. A., Petersen, T. J., & Alpert, J. E. (2003). Prevention of relapse and recurrence in depression: the role of long-term pharmacotherapy and psychotherapy. *Journal of Clinical Psychiatry, 64*(15), 13-17.
Paulides, E., Boukema, I., van der Woude, C. J., & de Boer, N. K. (2021). The effect of psychotherapy on quality of life in IBD patients: a systematic review. *Inflammatory bowel diseases, 27*(5), 711-724.
Pinquart, M., & Duberstein, P. (2010). Depression and cancer mortality: a meta-analysis. *Psychological medicine, 40*(11), 1797-1810.
Santini, Z. I., Koyanagi, A., Tyrovolas, S., Mason, C., & Haro, J. M. (2015). The association between social relationships and depression: A systematic review. *Journal of affective disorders, 175*, 53-65.
Sattel, H., & Henningsen, P. (2017). Self-management as management of self–contributions from psychosomatic medicine and psychotherapy. *Philosophy, Psychiatry, & Psychology, 24*(2), 115-126.
Spieth, P. M., Kubasch, A. S., Penzlin, A. I., Illigens, B. M. W., Barlinn, K., & Siepmann, T. (2016). Randomized controlled trials–a matter of design. *Neuropsychiatric disease and treatment, 12*, 1341-1349.
Spirito, A., Esposito-Smythers, C., Wolff, J., & Uhl, K. (2011). Cognitive-behavioral therapy for adolescent depression and suicidality. *Child and Adolescent Psychiatric Clinics, 20*(2), 191-204.
Sterne, J. A., & Harbord, R. M. (2004). Funnel plots in meta-analysis. *The stata journal, 4*(2), 127-141.
Thapar, A., Collishaw, S., Pine, D. S., & Thapar, A. K. (2012). Depression in adolescence. *The lancet, 379*(9820), 1056-1067.
U.S. Food and Drug Administration. Worsening depression and suicidality in patients treated with antidepressant medications. 2004. Retrieved December 12, 2004, from http://www.fda.gov/cder/drug/antidepressants/default.html.
van Bronswijk, S., Moopen, N., Beijers, L., Ruhe, H. G., & Peeters, F. (2019). Effectiveness of psychotherapy for treatment-resistant depression: a meta-analysis and meta-regression. *Psychological medicine, 49*(3), 366-379.
Watzke, B., Rüddel, H., Jürgensen, R., Koch, U., Kriston, L., Grothgar, B., & Schulz, H. (2010). Effectiveness of systematic treatment selection for psychodynamic and cognitive–behavioural therapy: randomised controlled trial in routine mental healthcare. *The British Journal of Psychiatry, 197*(2), 96-105.
Weisz, J. R., McCarty, C. A., & Valeri, S. M. (2006). Effects of psychotherapy for depression in children and adolescents: a meta-analysis. *Psychological bulletin, 132*(1), 132-149.
Wilcockson, M. D. (2020). Transition to cognitive behavioural therapy from different core professional backgrounds: three grounded theory studies. *The Cognitive Behaviour Therapist, 13*, e35. https://doi.org/10.1017/S1754470X20000331
World Health Organization. (2020). Depression and other common mental disorders: global health estimates. Geneva;

2017. Contract No.: Licence: CC BY-NC-SA, 3.

Randomized Controlled Psychotherapy for Depression: A Large-Scale Systematic Review and Meta-Analysis

Depression is a major global public health challenge and a leading cause of disability related to mental health. The global prevalence of depression is 4.4%, with a 12-month prevalence of 4-5% among adolescents. Depression not only threatens patients' education, interpersonal relationships, and career development but is also prospectively associated with early death factors such as obesity, heart disease, and suicide. Various psychological treatments have shown significant effectiveness in alleviating depressive symptoms, improving quality of life, and reducing long-term recurrence rates. These methods include cognitive-behavioral therapy (CBT), behavioral activation therapy, third-wave cognitive-behavioral therapies, interpersonal therapy, and others.

Randomized controlled trials (RCTs) are the gold standard for assessing the efficacy and safety of medical interventions, including psychological treatments. RCTs randomly allocate participants to treatment and control groups, ensuring baseline characteristics are similar across groups, thereby reducing bias and increasing the reliability of the results. Data for the study were sourced from the publicly available METAPSY database. The study included research from 1966 to January 2022. Studies had to be randomized controlled trials and report effect sizes for both psychological treatment and control groups. Inclusion criteria encompassed major depressive disorder, depressive states, and chronic depression.

The current study is a comprehensive systematic review and meta-analysis evaluating the effectiveness of psychological treatments for depression. The study includes 415 research articles, encompassing 520 effect sizes, and involving 60,127 participants. Eight major psychological treatments were assessed, with an overall effect size of 0.72, indicating significant efficacy in alleviating depressive symptoms, particularly cognitive-behavioral therapy (CBT) which stood out prominently. Other treatments, such as behavioral activation therapy, third-wave cognitive-behavioral therapies, and interpersonal therapy, also demonstrated significant effects. Additionally, factors such as the type of control group, region, method of depression diagnosis, form of intervention, recruitment method, target population, and age significantly moderated the effects of psychological treatments.

Despite providing extensive data, the study had some limitations, such as publication bias, broad definitions of depression, and variability in effect assessments. Future research should standardize definitions and evaluation criteria for depression and record therapists' professional backgrounds in detail to improve comparability and accuracy. The study confirms the significant role of psychological treatments in managing depression, especially in resource-limited settings, demonstrating considerable therapeutic potential. It provides a scientific basis for the application of psychological treatments in public health and emphasizes the importance of further optimizing and promoting these treatments.

Keywords depression, psychotherapy, randomized controlled trials, systematic reviews, meta-analysis

附录 1 四个书目数据库的搜索字符串

PubMed

Psychotherapy [MH] OR psychotherap*[All Fields] OR cbt[All Fields] OR "behavior therapies"[All Fields] OR "behavior therapy"[All Fields] OR "behavior therapeutic"[All Fields] OR "behavior therapeutical"[All Fields] OR "behavior therapeutics"[All Fields] OR "behavior therapeutist"[all Fields] OR "behavior therapeutists"[All Fields] OR "behavior treatment"[All Fields] OR "behavior treatments"[All Fields] OR "behaviors therapies"[All Fields] OR "behaviors therapy"[All Fields] OR "behaviors therapeutics"[All Fields] OR "behaviors therapeutic"[All Fields] OR "behaviors therapeutical"[All Fields] OR "behaviors therapeutist"[All Fields] OR "behaviors therapeutists"[All Fields] OR "behaviors treatment"[All Fields] OR "behaviors treatments"[All Fields] OR "behavioral therapies"[All Fields] OR "behavioral therapy"[All Fields] OR "behavioral therapeutics"[All Fields] OR "behavioral therapeutic"[All Fields] OR "behavioral therapeutical"[All Fields] OR "behavioral therapeutist"[All Fields] OR "behavioral therapeutists"[All Fields] OR "behavioral treatment"[All Fields] OR "behavioral treatments"[All Fields] OR "behaviour therapies"[All Fields] OR "behaviour therapy"[All Fields] OR "behaviour therapeutic"[All Fields] OR "behaviour therapeutical"[All Fields] OR "behaviour therapeutics"[All Fields] OR "behaviour therapeutist"[all Fields] OR "behaviour therapeutists"[All Fields] OR "behaviour treatment"[All Fields] OR "behaviour treatments"[All Fields] OR "behaviours therapies"[All Fields] OR "behaviours therapy"[All Fields] OR "behaviours therapeutics"[All Fields] OR "behaviours therapeutic"[All Fields] OR "behaviours therapeutical"[All Fields] OR "behaviours therapeutist"[All Fields] OR "behaviours therapeutists"[All Fields] OR "behaviours treatment"[All Fields] OR "behaviours treatments"[All Fields] OR "behavioural therapies"[All Fields] OR "behavioural therapy"[All Fields] OR "behavioural therapeutics"[All Fields] OR "behavioural therapeutic"[All Fields] OR "behavioural therapeutical"[All Fields] OR "behavioural therapeutist"[All Fields] OR "behavioural therapeutists"[All Fields] OR "behavioural treatment"[All Fields] OR "behavioural treatments"[All Fields] OR "cognition therapies"[All Fields] OR "cognition therapie"[All Fields] OR "cognition therapy"[All Fields] OR "cognition therapeutical"[All Fields] OR "cognition therapeutic"[All Fields] OR "cognition therapeutics"[All Fields] OR "cognition therapeutist"[All Fields] OR "cognition therapeutists"[All Fields] OR "cognition treatment"[All Fields] OR "cognition treatments"[All Fields] OR psychodynamic[All Fields] OR Psychoanalysis[MH] OR psychoanalysis[All Fields] OR psychoanalytic*[All Fields] OR counselling[All Fields] OR counseling[All Fields] OR Counseling[MH] OR "problem-solving"[All Fields] OR mindfulness[All Fields] OR (acceptance[All Fields] AND commitment[All Fields]) OR "assertiveness training"[All Fields] OR "behavior activation"[All Fields] OR "behaviors activation"[All Fields] OR "behavioral activation"[All Fields] OR "cognitive therapies"[All Fields] OR "cognitive therapy"[All Fields] OR "cognitive therapeutic"[All Fields] OR "cognitive therapeutics"[All Fields] OR "cognitive therapeutical"[All Fields] OR "cognitive therapeutist"[All Fields] OR "cognitive therapeutists"[All Fields] OR "cognitive treatment"[All Fields] OR "cognitive treatments"[All Fields] OR "cognitive restructuring"[All Fields] OR (("compassion-focused"[All Fields] OR "compassion-focussed"[All Fields])

AND (therapy[SH] OR therapies[All Fields] OR therapy[All Fields] OR therape*[All Fields] OR therapis*[All Fields]OR Therapeutics [OR treatment*[All Fields])) OR ((therapy[SH] OR therapies[All Fields] OR therapy [All Fields] OR therape*[All Fields] OR therapis*[All Fields] OR Therapeutics[MH] OR treatment*[All Fields]) AND constructivist*[All Fields]) OR "metacognitive therapies"[All Fields] OR "metacognitive therapy"[All Fields] OR "metacognitive therapeutic"[All Fields] OR "metacognitive therapeutics"[All Fields] OR "metacognitive therapeutical"[All Fields] OR "metacognitive therapeutist"[All Fields] OR "metacognitive therapeutists"[All Fields] OR "metacognitive treatment"[All Fields] OR "metacognitive treatments"[All Fields] OR "meta-cognitive therapies"[All Fields] OR "meta-cognitive therapy"[All Fields] OR "meta-cognitive therapeutic"[All Fields] OR "meta-cognitive therapeutics"[All Fields] OR "meta-cognitive therapeutical"[All Fields] OR "meta-cognitive therapeutist"[All Fields] OR "meta-cognitive therapeutists"[All Fields] OR "meta-cognitive treatment"[All Fields] OR "meta-cognitive treatments"[All Fields] OR "solution-focused therapies"[All Fields] OR "solution-focused therapy"[All Fields] OR "solution-focused therapeutic"[All Fields] OR "solution-focused therapeutics"[All Fields] OR "solution-focused therapeutical"[All Fields] OR "solution focused therapies"[All Fields] OR "solution focused therapy"[All Fields] OR "solution focused therapeutic"[All Fields] OR "solution focused therapeutics"[All Fields] OR "solution focused therapeutical"[All Fields]OR "solution-focussed therapies"[All Fields] OR "solution-focussed therapy"[All Fields] OR "solution-focussed therapeutic"[All Fields] OR "solution-focussed therapeutics"[All Fields] OR "solution-focussed therapeutical"[All Fields]OR "solution focussed therapies"[All Fields] OR "solution focussed therapy"[All Fields] OR "solution focussed therapeutic"[All Fields] OR "solution focussed therapeutics"[All Fields] OR "solution focussed therapeutical"[All Fields] OR "self-control therapies"[All Fields] OR "self-control therapy"[All Fields] OR "self-control therapeutics"[All Fields] OR "self-control therapeutical"[All Fields] OR "self-control therapeutic"[All Fields] OR "self- control training"[All Fields] OR "self-control trainings"[All Fields] OR "self control therapies"[All Fields] OR "self control therapy"[All Fields] OR "self control therapeutics"[All Fields] OR "self control therapeutical"[All Fields] OR "self control therapeutic"[All Fields] OR "self control training"[All Fields] OR "self control trainings"[All Fields]

AND
(Depressive Disorder[MH] OR Depression[MH]OR dysthymi*[All Fields] OR "affective disorder"[All Fields]OR "affective disorders"[All Fields] OR "mood disorder"[All Fields] OR "mood disorders"[All Fields] OR depression*[All Fields] OR depressive*[All Fields] OR "dysthymic disorder"[MeSH Terms])
Limits: RCTs

Embase

#1'psychotherapy'/exp OR 'psychotherapy' OR 'psychotherapies' OR 'psychotherapeutics' OR 'psychotherapeutical' OR 'cognitive therapy'/exp OR 'cognitive behavior therapy'/exp OR 'behavior therapy'/exp OR ´ cbt ´ OR ´ cognitive behavioural therapy ´ OR ´ cognitive behavioural therapies ´ OR cognitive behavioral therapy ´ OR 'cognitive behavioral therapies' OR 'behavior therapy' OR

'behavior therapies' OR 'behaviour therapy' OR 'behaviour therapies' OR 'cognition therapy' OR 'cognitive therapies' OR 'cognitive therapy' OR 'cognitive therapeutic' OR 'cognitive therapeutics' OR 'cognitive therapeutical' OR 'cognitive therapeutist' OR 'cognitive therapeutists' OR 'cognitive treatment' OR 'cognitive treatments' OR 'cognitive restructuring' OR 'cognition therapies' OR 'cognition therapie' OR 'cognition therapeutical' OR 'cognition therapeutic' OR 'cognition therapeutics' OR 'cognition therapeutist' OR 'cognition therapeutists' OR 'cognition treatment' OR 'cognition treatments' OR 'behavior therapeutic' OR 'behavior therapeutical' OR 'behavior therapeutics' OR 'behavior therapeutist' OR 'behavior therapeutists' OR 'behavior treatment' OR 'behavior treatments' OR 'behaviors therapies' OR 'behaviors therapy' OR 'behaviors therapeutics' OR 'behaviors therapeutic' OR 'behaviors therapeutical' OR 'behaviors therapeutist' OR 'behaviors therapeutists' OR 'behaviors treatment' OR 'behaviors treatments' OR 'behavioral therapies' OR 'behavioral therapy' OR 'behavioral therapeutics' OR 'behavioral therapeutic' OR 'behavioral therapeutical' OR 'behavioral therapeutist' OR 'behavioral therapeutists' OR 'behavioral treatment' OR 'behavioral treatments' OR 'behaviour therapeutic' OR 'behaviour therapeutical' OR 'behaviour therapeutics' OR 'behaviour therapeutist' OR 'behaviour therapeutists' OR 'behaviour treatment' OR 'behaviour treatments' OR 'behaviours therapies' OR 'behaviours therapy' OR 'behaviours therapeutics' OR 'behaviours therapeutic' OR 'behaviours therapeutical' OR 'behaviours therapeutist' OR 'behaviours therapeutists' OR 'behaviours treatment' OR 'behaviours treatments' OR 'behavioural therapies' OR 'behavioural therapy' OR 'behavioural therapeutics' OR 'behavioural therapeutic' OR 'behavioural therapeutical' OR 'behavioural therapeutist' OR 'behavioural therapeutists' OR 'behavioural treatment' OR 'behavioural treatments' OR 'behavior activation' OR 'behaviors activation' OR 'behavioral activation' OR 'behaviour activation' OR 'behaviours activation' OR 'behavioural activation' OR 'psychoanalytic therapy'/exp OR 'psychodynamic' OR 'psychodynamical' OR 'psychoanalysis' OR 'psychoanalytical' OR 'counselling'/exp OR 'counseling'/exp OR 'counselling' OR 'counseling' OR 'problem-solving' OR 'problem solving' OR 'supportive therapy' OR 'metacognitive therapy' OR 'metacognitive therapies' OR 'metacognitive therapeutic' OR 'metacognitive therapeutics' OR 'metacognitive therapeutical' OR 'metacognitive therapeutist' OR 'metacognitive therapeutists' OR 'metacognitive treatment' OR 'metacognitive treatments' OR 'meta-cognitive therapy' OR 'meta-cognitive therapies' OR 'meta-cognitive therapeutic' OR 'meta-cognitive therapeutics' OR 'meta-cognitive therapeutical' OR 'meta-cognitive therapeutist' OR 'meta-cognitive therapeutists' OR 'meta-cognitive treatment' OR 'meta-cognitive treatments' OR 'solution-focused therapies' OR 'solution focused therapies' OR 'solution-focussed therapies' OR 'solution focused therapies' OR 'solution- focused therapy' OR 'solution focused therapy' OR 'solution-focussed therapy' OR 'solution focused therapy' OR 'solution-focused therapeutic' OR 'solution focused therapeutic' OR 'solution-focussed therapeutic' OR 'solution focussed therapeutic' OR 'solution-focused therapeutics' OR 'solution focused therapeutics' OR 'solution-focussed therapeutics' OR 'solution focused therapeutics' OR 'solution-focused therapeutical' OR 'solution focused therapeutical' OR 'solution-focussed therapeutical' OR 'solution focused therapeutical' OR 'self-control therapies' OR 'self control therapies' OR 'self-control therapy' OR 'self control therapy' OR 'self-control therapeutics' OR 'self control therapeutics' OR 'self-control therapeutical' OR 'self control therapeutical' OR 'self-control therapeutic' OR 'self control

therapeutic' OR 'self-control training' OR 'self control training' OR 'self control trainings' OR 'self-control trainings' OR 'mindfulness' OR 'acceptance commitment' OR 'acceptance and commitment' OR 'assertiveness training'

#2 'compassion-focused' OR 'compassion-focussed' OR 'compassion focused' OR 'compassion focussed' OR 'constructivist' OR 'constructivists'

#3 'therapies' OR 'therapy' OR 'therapeutics' OR 'therapist' OR 'treatment' OR 'treatments'

#4 Combine: #2 AND #3

#5: #1 OR #4

#6 'depressive disorder'/exp OR 'depression'/exp OR 'depressive' OR 'major depression'/exp OR 'major depressive disorder'/exp OR 'depression' OR 'depressions' OR 'depressive' OR 'dysthymic disorder'/exp OR 'dysthymic disorder' OR 'dysthymia'/exp OR 'dysthymic' OR 'mood disorder'/exp OR 'affective disorder'/exp OR 'affective disorder' OR 'affective disorders' OR 'mood disorder' OR 'mood disorders' Combine: #5 AND #6

Limits: RCTs

PsycINFO

(DE "Psychotherapy" OR "Psychotherapy" OR "psychotherapies" OR "psychotherapeutic" OR "psychotherapeutical" OR "psychotherapeutics" OR DE "Behavior Therapy" OR DE "Cognitive Behavior Therapy" OR "CBT" OR "behavior therapies" OR "behavior therapy" OR "behavior therapeutic" OR "behavior therapeutical" OR "behavior therapeutics" OR "behavior therapeutist" OR "behavior therapeutists" OR "behavior treatment" OR "behavior treatments" OR "behaviors therapies" OR "behaviors therapy" OR "behaviors therapeutics" OR "behaviors therapeutic" OR "behaviors therapeutical" OR "behaviors therapeutist" OR "behaviors therapeutists" OR "behaviors treatment" OR "behaviors treatments" OR "behavioral therapies" OR "behavioral therapy" OR "behavioral therapeutics" OR "behavioral therapeutic" OR "behavioral therapeutical" OR "behavioral therapeutist" OR "behavioral therapeutists" OR "behavioral treatment" OR "behavioral treatments" OR "behaviour therapies" OR "behaviour therapy" OR "behaviour therapeutic" OR "behaviour therapeutical" OR "behaviour therapeutics" OR "behaviour therapeutist" OR "behaviour therapeutists" OR "behaviour treatment" OR "behaviour treatments" OR "behaviours therapies" OR "behaviours therapy" OR "behaviours therapeutics" OR "behaviours therapeutic" OR "behaviours therapeutical" OR "behaviours therapeutist" OR "behaviours therapeutists" OR "behaviours treatment" OR "behaviours treatments" OR "behavioural therapies" OR "behavioural therapy" OR "behavioural therapeutics" OR "behavioural therapeutic" OR "behavioural therapeutical" OR "behavioural therapeutist" OR "behavioural therapeutists" OR "behavioural treatment"

OR "behavioural treatments" OR "cognition therapies" OR "cognition therapie" OR "cognition therapy" OR "cognition therapeutical" OR "cognition therapeutic" OR "cognition therapeutics" OR "cognition therapeutist" OR "cognition therapeutists" OR "cognition treatment" OR "cognition treatments" OR "cognitive therapies" OR "cognitive therapy" OR "cognitive therapeutic" OR "cognitive therapeutics" OR "cognitive therapeutical" OR "cognitive therapeutist" OR "cognitive therapeutists" OR "cognitive treatment" OR "cognitive treatments" OR "cognitive restructuring" OR DE "Emotion Focused Therapy" OR DE "Psychoanalysis" OR "psychoanalysis" OR "psychoanalytic" OR "psychoanalytical "OR DE "Psychodynamic Psychotherapy" OR "psychodynamic" OR DE "Psychotherapeutic Counseling" OR "counselling" OR "counseling" OR "problem-solving" OR "problem solving" OR "mindfulness" OR ("acceptance" AND "commitment") OR "assertiveness training" OR "behavior activation" OR "behaviors activation" OR "behavioral activation" OR "behaviour activation" OR "behaviours activation" OR "behavioural activation" OR "metacognitive therapies" OR "metacognitive therapy" OR "metacognitive therapeutic" OR "metacognitive therapeutics" OR "metacognitive therapeutical" OR "metacognitive therapeutist" OR "metacognitive therapeutists" OR "metacognitive treatment" OR "metacognitive treatments" OR "meta-cognitive therapies" OR "meta-cognitive therapy" OR "meta-cognitive therapeutic" OR "meta-cognitive therapeutics" OR "meta-cognitive therapeutical" OR "meta-cognitive therapeutist" OR "meta-cognitive therapeutists" OR "meta-cognitive treatment" OR "meta-cognitive treatments" OR DE "Solution Focused Therapy" OR "solution- focused therapies" OR "solution-focused therapy" OR "solution-focused therapeutic" OR "solution-focused therapeutics" OR "solution-focused therapeutical" OR "solution-focussed therapies" OR "solution-focussed therapy" OR "solution-focussed therapeutic" OR "solution-focussed therapeutics" OR "solution-focussed therapeutical" OR "solution focused therapies" OR "solution focused therapy" OR "solution focused therapeutic" OR "solution focused therapeutics" OR "solution focused therapeutical" OR "solution focussed therapies" OR "solution focussed therapy" OR "solution focussed therapeutic" OR "solution focussed therapeutics" OR "solution focussed therapeutical" OR "self- control therapies" OR "self-control therapy" OR "self-control therapeutics" OR "self-control therapeutical" OR "self- control therapeutic" OR "self-control training" OR "self-control trainings" OR "self control therapies" OR "self control therapy" OR "self control therapeutics" OR "self control therapeutical" OR "self control therapeutic" OR "self control training" OR "self control trainings" OR (("compassion-focused" OR "compassion-focussed" OR "compassion focused" OR "compassion focussed") AND ("therapies" OR "therapy" OR "therapie" OR "therapist" OR "therapists" OR "therapeut" OR "treatment" OR "treatments")) OR ("constructivist" AND ("therapies" OR "therapy" OR "therapie" OR "therapist" OR "therapists" OR "therapeut" OR "treatment" OR "treatments")))
AND
(DE "Depression (Emotion)" "depressive disorder" OR "depression" OR "depressions" OR "depressive" OR DE "Major Depression" OR "major depression" OR "major depressive disorder" OR DE "Dysthymic Disorder" OR "Dysthymia" OR " dysthymic disorder" OR DE "Affective Disorders" OR "Affective Disorder" OR "affective disorders" OR "Mood Disorder" OR "Mood disorders")
Limits: Methodology is ME=(treatment outcome/clinical trial): papers (December 2014)

Cochrane

16. #1 MeSH descriptor: [Depressive Disorder] explode all trees : 6, 777
17. #2 "depress*" (Word variations have been searched) : 51, 768
18. #3 #1or#2 :51,783
19. #4 "major depressive disorder" (Word variations have been searched) : 5, 435
20. #5 #3or#4 :51,783
21. #6 MeSH descriptor: [Dysthymic Disorder] explode all trees : 129
22. #7 "dysthymi*" (Word variations have been searched) : 649
23. #8 #6or#7 :649
24. #9 #5or#8 :51,800
25. #10 "mood disorder" (Word variations have been searched) :4, 034
26. #11 "affective disorder" (Word variations have been searched) : 2, 882
27. #12 #10or#11:6,055
28. #13 #9or#12:53,227
29. #14 MeSH descriptor: [Psychotherapy] explode all trees : 13, 568
30. #15 "psychotherap*" (Word variations have been searched) : 7, 758
31. #16 "CBT" (Word variations have been searched) : 2, 029
32. #17 "Cognitive Behav* therap* (Word variations have been searched) : 8, 893
33. #18 #14or#15or#16or#17 :20,795
34. #19 'psychodynamic" (Word variations have been searched) : 469
35. #20 MeSH descriptor: [Psychoanalysis] explode all trees : 13
36. #21 "psychoanaly*" (Word variations have been searched) : 345
37. #22 MeSH descriptor: [Counseling] explode all trees : 2, 783
38. #23 "counseling*" (Word variations have been searched) : 6, 913
39. #24 "problem solving" (Word variations have been searched) : 2, 867
40. #25 #18or#19or#20or#21or#22or#23or#24 :28,149
41. #26 "acceptance commitment" (Word variations have been searched) : 168
42. #27 "assertiveness training" (Word variations have been searched) :231
43. #28 "behavior activation" (Word variations have been searched) : 663
44. #29 "mindfulness" (Word variations have been searched) : 466
45. #30 "metacognitive therap*" (Word variations have been searched) :56
46. #31 "solution focused therap*" (Word variations have been searched) :858
47. #32 "self control training" (Word variations have been searched): 5850
48. #33 #25or#26or#27or#28or#29or#30or#31or#32 :32,748
49. #34 "Randomized Controlled Trial":ti,ab,kw (Word variations have been searched) : 120, 901
50. #35 #13 and #33 and #34 in Trials: 4,614

附录 2 纳入研究的变量说明

年龄(Age)	成年人	18-24 岁
	老年人	≥55 岁
	老年人	≥75 岁
	其他	其他年龄段或未报告的人
对照组 (Control Conditions)	候补名单 (Waiting List)	在对照组中，参与者在实验组干预结束后接受干预。
	照常护理 (Care as Usual)	在对照组中，受访者可以获得定期的常规护理。在对照组不提供干预措施的试验中，假定受访者可以获得常规护理。
	其他(Other)	其他对照条件，如药片安慰剂和心理安慰剂
地区(region)	Australia	澳大利亚和新西兰
	Canada	加拿大
	East Asia	中国（包括香港和澳门）、日本、朝鲜、韩国
	EU	欧洲
	UK	英国
	USA	美国
	Other	任何其他国家
诊断方式 (Diagnosis)	重症抑郁症 (Major)	根据 DSM-V 标准、重度抑郁症研究诊断标准 (RDC) 和抑郁障碍费格纳标准得出的 MDD。
	情绪障碍 (Mood Disorder)	多发性抑郁症或其他已确诊的疾病（如癔症、抑郁症根据研究诊断标准的轻度抑郁症等）。
	临界分数 (Cut-off Score)	参与者在自评抑郁问卷（如 PHQ-9 或 CES-D）上的得分高于临界值。这也包括参与者的得分在问卷特定范围内的研究（因此有一个下限和上限）。*如果一些参与者符合心境障碍的诊断标准，而另一些参与者的得分仅高于某一临界值，那么这种情况也被评为此类
	亚临床抑郁症 (Subclinical Depression)	参与者的自评量表得分高于临界值，但不符合诊断性访谈（如 MINI、CIDI 或 SCID）中抑郁障碍的标准。如果根据 DSM-IV，参与者符合轻度抑郁症的标准，研究也会被评为此类。

	慢性抑郁症(Chronic Depression)	根据研究作者给出的任何定义，参试者均符合慢性抑郁症或耐药性抑郁症的标准。
心理治疗形式(Format Of Psychotherapy)	个体(Individual)	标准的治疗方式是个人治疗，即患者与一名治疗师进行治疗。如果论文中没有报告治疗形式，则假定采用的是个人治疗形式。
	团体(Group)	患者由一名或多名治疗师分组治疗。没有规定小组人数的上限或下限，但几乎所有小组都有 4 至 15 名成员。
	指导性自助(Guided Self-Help)	患者在治疗师的支持（如电子邮件、电话）下，在家中进行标准化治疗。治疗方法可以写在书上、互联网上或任何其他媒介上。
	电话(Telephone)	治疗是通过电话、Skype 或任何其他远程连接进行的。
	夫妻治疗(Couple Therapy)	治疗由治疗师、患者和患者伴侣共同进行。
	非指导性自助(Non-Guided Self-Help)	患者在为在治疗师的支持（如电子邮件、电话）下，在家中进行标准化治疗。
	其他(Other)	有些干预措施采用混合形式（部分为个人干预，部分为小组干预；或部分为指导性自助干预，部分为个人干预）。
招募方式(Recruitment)	临床(Clinical)	参与者专门从精神失常并寻求治疗的患者样本中招募。他们可以从初级保健中心或门诊中心招募。参与者积极寻求抑郁症方面的帮助。其他普通医疗患者群体的招募不属于此类。
	社区(Community)	如果（部分）参与者是通过报纸、广播、电视、社交媒体、传单等渠道招募，并作为志愿者参与研究，则该研究被评为 "社区招募"。基本上，人们必须亲自采取行动参与研究。这种招募可以在普通人群中进行，也可以在更多特定人群中进行，如大学生或病人群体。
	其他(Other)	其他招募方法（非社区或临床招募），如系统筛选、从普通医疗机构的已知患者中招募等。*如果论文中没有说明招募方法（偶尔会出现这种情况），也会被评为 "其他"。
目标群体	精神障碍人	是指那些同时患有精神障碍和其他医学疾病的人群。具体来

(Target Grouop)	群及并发症 (comorbid medical disorder)	说，这些人不仅有精神健康问题（如抑郁症、焦虑症、精神分裂症等），还同时患有其他类型的医学疾病（如糖尿病、高血压、心脏病等）。
	围产期抑郁 (perinatal depression)	是指发生在怀孕期间（产前抑郁）或分娩后（产后抑郁）的一种抑郁症。围产期通常指从怀孕开始到产后一年左右的时间。这种抑郁症状可以对母亲和婴儿的健康产生重大影响。
	成年人 (adults)	18-24
	老年人 (older adults)	≥55 岁
	学生群体 (student population)	学生群体
	其他 (other)	不属于上述内容
次数(Session)	次数是指计划的次数，但如果提供的是实际次数，则以实际次数为佳。	
出版年(Year of Publication)	出版的年份	

附录 3 参考文献的详细列表（见附件）

Aagaard, J., Foldager, L., Makki, A., Hansen, V., & M¸ller-Nielsen, K. (2017). The efficacy of psychoeducation on recurrent depression: a randomized trial with a 2-year follow-up. Nord J Psychiatry, 71(3), 223-229.

Abas M, Nyamayaro P, Bere T, et al. Feasibility and acceptability of a task-shifted intervention to enhance adherence to HIV medication and improve depression in people living with HIV in Zimbabwe, a low income country in sub-Saharan Africa. AIDS and Behavior 2018; 22(1): 86-101.

Ahmadpanah, M., Paghale, S. J., Bakhtyari, A., Kaikhavani, S., Aghaei, E., Nazaribadie, M., . . . Brand, S. (2016). Effects of psychotherapy in combination with pharmacotherapy, when compared to pharmacotherapy only on blood pressure, depression, and anxiety in female patients with hypertension.

Alexopoulos GS, Raue PJ, McCulloch C, Kanellopoulos D, Seirup JK, Sirey JA, et al. Clinical case management versus case management with problem-solving therapy in low-income, disabled elders with major depression: A randomized clinical trial. American Journal of Geriatric Psychiatry. 2016;24(1):50-9.

Afonso, R., & Bueno, B. (2009). Efectos de un programa de reminiscencia sobre la sintomatología depresiva en una muestra de población mayor portuguesa. Revista Española de Geriatría y Gerontología, 44(6), 317-322.

Alhusen, J. L., Hayat, M. J., & Borg, L. (2021, Feb). A pilot study of a group-based perinatal depression intervention on reducing depressive symptoms and improving maternal-fetal attachment and maternal sensitivity. Arch Womens Ment Health, 24(1), 145-154. https://doi.org/10.1007/s00737-020-01032-

Allart-Van Dam E, Hosman CMH, Hoogduin CAL, Schaap CPDR. The coping with depression course: Short-term outcomes and mediating effects of a randomized controlled trial in the treatment of subclinical depression. Behavior Therapy. 2003;34(3):381-96.

Amani, B., Merza, D., Savoy, C., Streiner, D., Bieling, P., Ferro, M. A., & Van Lieshout, R. J. (2021, Nov 9). Peer-Delivered Cognitive-Behavioral Therapy for Postpartum Depression: A Randomized Controlled Trial. J Clin Psychiatry, 83(1). https://doi.org/10.4088/JCP.21m13928

Ammerman RT, Putnam FW, Altaye M, Stevens J, Teeters AR, Van Ginkel JB. A clinical trial of in-home CBT for depressed mothers in home visitation. Behavior Therapy. 2013;44(3):359-72.

Andersson G, Bergström J, Holländare F, Carlbring P, Kaldo V, Ekselius L. Internet-based self-help for depression: Randomised controlled trial. British Journal of Psychiatry. 2005;187(5):456-61.

Araya, R., Menezes, P. R., Claro, H. G., Brandt, L. R., Daley, K. L., Quayle, J., Diez-Canseco, F., Peters, T. J., Vera Cruz, D., Toyama, M., Aschar, S., Hidalgo-Padilla, L., Martins, H., Cavero, V., Rocha, T., Scotton, G., de Almeida Lopes, I. F., Begale, M., Mohr, D. C., & Miranda, J. J. (2021, May 11). Effect of a Digital Intervention on Depressive Symptoms in Patients With Comorbid Hypertension or Diabetes in Brazil and Peru: Two Randomized Clinical Trials. Jama, 325(18), 1852-1862. https://doi.org/10.1001/jama.2021.4348

Arean PA, Perri MG, Nezu AM, Schein RL, Christopher F, Joseph TX. Comparative effectiveness of social problem-solving therapy and reminiscence therapy as treatments for depression in older adults. Journal of Consulting and Clinical Psychology. 1993;61(6):1003-10.

Arjadi R, Nauta MH, Scholte WF, et al. Internet-based behavioural activation with lay counsellor support versus online minimal psychoeducation without support for treatment of depression: a randomised controlled trial in Indonesia. The lancet psychiatry 2018; 5(9): 707 - 16.

Ayen I, Hautzinger M. Cognitive behavior therapy for depression in menopausal women. A controlled, randomized treatment study. Zeitschrift fur Klinische Psychologie und Psychotherapie. 2004;33(4):290-9.

Barber JP, Barrett MS, Gallop R, Rynn MA, Rickels K. Short-term dynamic psychotherapy versus pharmacotherapy for major depressive disorder: A randomized, placebo-controlled trial. Journal of Clinical Psychiatry. 2012;73(1):66-73.

Barnhofer T, Crane C, Hargus E, Amarasinghe M, Winder R, Williams JM. Mindfulness-based cognitive therapy as a treatment for chronic depression: A preliminary study. Behaviour Research and Therapy. 2009;47(5):366-73.

Barrett JE, Williams Jr JW, Oxman TE, Frank E, Katon W, Sullivan M, et al. Treatment of dysthymia and minor depression in primary care: A ramdomized trial in patients aged 18 to 59 years. Journal of Family Practice. 2001;50(5):405-12.

Baumeister, H., Paganini, S., Sander, L. B., Lin, J., Schlicker, S., Terhorst, Y., Moshagen, M., Bengel, J., Lehr, D., & Ebert, D. D. (2021). Effectiveness of a Guided Internet- and Mobile-Based Intervention for Patients with Chronic Back Pain and Depression (WARD-BP): A Multicenter, Pragmatic Randomized Controlled Trial. Psychother Psychosom, 90(4), 255-268. https://doi.org/10.1159/000511881

Beach SR, O'Leary KD. Treating depression in the context of marital discord: Outcome and predictors of response of marital therapy versus cognitive therapy. Behavior Therapy. 1992;23(4):507-28.

Bedard M, Felteau M, Marshall S, Cullen N, Gibbons C, Dubois S, et al. Mindfulness-based cognitive therapy reduces symptoms of depression in people with a traumatic brain injury: Results from a randomized controlled trial. Journal of Head Trauma Rehabilitation. 2014;29(4):E13-E22.

Beeber LS, Holditch-Davis D, Perreira K, Schwartz TA, Lewis V, Blanchard H, et al. Short-term in-home intervention reduces depressive symptoms in Early Head Start Latina mothers of infants and toddlers. Research in Nursing and Health. 2010;33(1):60-76.

Bendig, E., Bauereiß, N., Buntrock, C., Habibović, M., Ebert, D. D., & Baumeister, H. (2021). Lessons learned from an attempted randomized-controlled feasibility trial on “WIDeCAD” - An internet-based depression treatment for people living with coronary artery disease (CAD) [Article]. Internet Interventions, 24. https://doi.org/10.1016/j.invent.2021.100375

Berger T, Hämmerli K, Gubser N, Andersson G, Caspar F. Internet-based treatment of depression: A randomized controlled trial comparing guided with unguided self-help. Cognitive Behaviour Therapy. 2011;40(4):251-66.

Beutel ME, Weissflog G, Leuteritz K, Wiltink J, Haselbacher A, Ruckes C, et al. Efficacy of short-term psychodynamic psychotherapy (STPP) with depressed breast cancer patients: Results of a randomized controlled multicenter trial. Annals of Oncology. 2014;25(2):378-84.

Boele FW, Klein M, Verdonck-de Leeuw IM, et al. Internet-based guided self-help for glioma patients with depressive symptoms: a randomized controlled trial. Journal of neuro-oncology 2018; 137(1): 191 - 203.

Boeschoten, R. E., Dekker, J., Uitdehaag, B. M. J., Beekman, A. T. F., Hoogendoorn, A. W., Collette, E. H., . . . Van Oppen, P. (2017). Internet-based treatment for depression in multiple sclerosis: A randomized controlled trial. Multiple Sclerosis, 23(8), 1112-1122.

Bohlmeijer ET, Fledderus M, Rokx TA, Pieterse ME. Efficacy of an early intervention based on acceptance and commitment therapy for adults with depressive symptomatology: Evaluation in a randomized controlled trial. Behaviour research and therapy. 2011;49(1):62-7.

Bolton P, Bass J, Neugebauer R, Verdeli H, Clougherty KF, Wickramaratne P, et al. Group interpersonal psychotherapy for depression in rural Uganda: A randomized controlled trial. JAMA. 2003;289(23):3117-24.

Bower, J. E., Partridge, A. H., Wolff, A. C., Thorner, E. D., Irwin, M. R., Joffe, H., Petersen, L., Crespi, C. M., & Ganz, P. A. (2021, Nov 1). Targeting Depressive Symptoms in Younger Breast Cancer Survivors: The Pathways to Wellness Randomized Controlled Trial of Mindfulness Meditation and Survivorship Education. J Clin Oncol, 39(31), 3473-3484. https://doi.org/10.1200/jco.21.00279

Bowman D, Scogin F, Lyrene B. The efficacy of self-examination therapy and cognitive bibliotherapy in the treatment of mild to moderate depression. Psychotherapy Research. 1995;5(2):131-40.

Braun, L., Titzler, I., Terhorst, Y., Freund, J., Thielecke, J., Ebert, D. D., & Baumeister, H. (2021, Jan 1). Effectiveness of guided internet-based interventions in the indicated prevention of depression in green professions (PROD-A): Results of a pragmatic randomized controlled trial. J Affect Disord, 278, 658-671. https://doi.org/10.1016/j.jad.2020.09.066

Brown RA, Lewinsohn PM. A psychoeducational approach to the treatment of depression: Comparison of group, individual, and minimal contact procedures. Journal of Consulting and Clinical Psychology. 1984;52(5):774.

Buhrman M, Syk M, Burvall O, Hartig T, Gordh T, Andersson G. Individualized Guided Internet-delivered Cognitive Behaviour Therapy for Chronic Pain Patients with Comorbid Depression and Anxiety: A Randomized Controlled Trial. Clinical Journal of Pain 2014.

Buntrock C, Ebert D, Lehr D, Riper H, Smit F, Cuijpers P, et al. Effectiveness of a web-based cognitive behavioural intervention for subthreshold depression: Pragmatic randomised controlled trial. Psychotherapy and Psychosomatics. 2015;84(6):348-58.

Burmaoğlu, G. E. (2021). Comparison of the effect of mindfulness based on stress reduction and dialectical behavior therapy on reducing depression in mothers with handicapped children in rehabilitation centers [Article]. Pakistan Journal of Medical and Health Sciences, 15(3), 885-890. https://www.embase.com/search/results?subaction=viewrecord&id=L2011970507&from=export

Burns A, Banerjee S, Morris J, Woodward Y, Baldwin R, Proctor R, et al. Treatment and prevention of depression after surgery for hip fracture in older people: Randomized, controlled trials. Journal of the American Geriatrics Society. 2007;55(1):75-80.

Burns A, O'Mahen H, Baxter H, Bennert K, Wiles N, Ramchandani P, et al. A pilot randomised controlled trial of cognitive behavioural therapy for antenatal depression. BMC psychiatry. 2013;13:33.

Carlbring P, Hagglund M, Luthstrom A, Dahlin M, Kadowaki A, Vernmark K, et al. Internet-based behavioral activation and acceptance-based treatment for depression: A randomized controlled trial. Journal of Affective Disorders. 2013;148(2-3):331-7.

Carr, A., Finnegan, L., Griffin, E., Cotter, P., & Hyland, A. (2017). A Randomized Controlled Trial of the Say Yes to Life (SYTL) Positive Psychology Group Psychotherapy Program for Depression: An Interim Report. Journal of Contemporary Psychotherapy, 47(3), 153-161.

Carta MG, Petretto D, Adamo S, Bhat KM, Lecca ME, Mura G, et al. Counseling in primary care improves depression and quality of life. Clinical Practice and Epidemiology in Mental Health. 2012;8.

Casanas R, Catalan R, del Val JL, Real J, Valero S, Casas M. Effectiveness of a psycho-educational group program for major depression in primary care: A randomized controlled trial. BMC psychiatry. 2012;12:230.

Castonguay LG, Schut AJ, Aikens DE, Constantino MJ, Laurenceau J-P, Bologh L, et al. Integrative cognitive therapy for depression: A preliminary investigation. Journal of Psychotherapy Integration. 2004;14(1):4-20.

Chan AS, Wong QY, Sze SL, Kwong PP, Han YM, Cheung MC. A Chinese Chan-based mind-body intervention for patients with depression. Journal of Affective Disorders. 2012;142(1-3):283-9.

Chan MF, Ng SE, Tien A, Man Ho RC, Thayala J. A randomised controlled study to explore the effect of life story review on depression in older Chinese in Singapore. Health and Social Care in the Community. 2013;21(5):545-53.

Chen CH, Tseng YF, Chou FH, Wang SY. Effects of support group intervention in postnatally distressed women. A controlled study in Taiwan. Journal of psychosomatic research. 2000;49(6):395-9.

Chesney MA, Chambers DB, Taylor JM, Johnson LM, Folkman S. Coping effectiveness training for men living with HIV: Results from a randomized clinical trial testing a group-based intervention. Psychosomatic Medicine. 2003;65(6):1038-46.

Chiang KJ, Chen TH, Hsieh HT, Tsai JC, Ou KL, Chou KR. One-year follow-up of the effectiveness of cognitive behavioral group therapy for patients' depression: A randomized, single-blinded, controlled study. Scientific World Journal. 2015;2015:Article ID 373149.

Cho HJ, Kwon JH, Lee JJ. Antenatal cognitive-behavioral therapy for prevention of postpartum depression: A pilot study. Yonsei medical journal. 2008;49(4):553-62.

Choi I, Zou J, Titov N, Dear BF, Li S, Johnston L, et al. Culturally attuned Internet treatment for depression amongst Chinese Australians: A randomised controlled trial. Journal of Affective Disorders. 2012;136(3):459-68.

Choi, N. G., Hegel, M. T., Marti, C. N., Marinucci, M. L., Sirrianni, L., & Bruce, M. L. (2014). Telehealth problem-solving therapy for depressed low-income homebound older adults. American Journal of Geriatric Psychiatry, 22(3), 263-271.

Choi NG, Marti CN, Wilson NL, et al. Effect of Telehealth Treatment by Lay Counselors vs by Clinicians on Depressive Symptoms Among Older Adults Who Are Homebound: A Randomized Clinical Trial. JAMA Netw Open. 2020;3(8):e2015648.

Chowdhary N, Anand A, Dimidjian S, Shinde S, Weobong B, Balaji M, et al. The Healthy Activity Program lay counsellor delivered treatment for severe depression in India: Systematic development and randomised evaluation. British Journal of Psychiatry. 2016;208(4):381-8.

Choy JC, Lou VW. Effectiveness of the modified instrumental reminiscence intervention on psychological well-being among community-dwelling chinese older adults: A randomized controlled trial. American Journal of Geriatric Psychiatry. 2016;24(1):60-9.

Clark R, Tluczek A, Wenzel A. Psychotherapy for postpartum depression: A preliminary report. American Journal of Orthopsychiatry. 2003;73(4):441-54.

Clark R, Tluczek A, Brown R. A mother–infant therapy group model for postpartum depression. Infant Mental Health Journal. 2008;29(5):514-36.

Cohen S, O'Leary KD, Foran H. A randomized clinical trial of a brief, problem-focused couple therapy for depression. Behavior Therapy. 2010;41(4):433-46.

Cooper PJ, Murray L, Wilson A, Romaniuk H. Controlled trial of the short- and long-term effect of psychological treatment of post-partum depression. I. Impact on maternal mood. The British Journal of Psychiatry. 2003;182(5):412-9.

Cramer H, Salisbury C, Conrad J, Eldred J, Araya R. Group cognitive behavioural therapy for women with depression: Pilot and feasibility study for a randomised controlled trial using mixed methods. BMC psychiatry. 2011;11:82.

D'Elia A, Bawor M, Dennis BB, et al. Feasibility of behavioral activation group therapy in reducing depressive symptoms and improving quality of life in patients with depression: The BRAVE pilot trial. Pilot and Feasibility Studies. 2020;6(1).

Davoudi M, Taheri AA, Foroughi AA, Ahmadi SM, Heshmati K. Effectiveness of acceptance and commitment therapy (ACT) on depression and sleep quality in painful diabetic neuropathy: a randomized clinical trial. Journal of Diabetes and Metabolic Disorders. 2020.

De Groot, M., Shubrook, J. H., Hornsby, W. G., Pillay, Y., Mather, K. J., Fitzpatrick, K., . . . Saha, C. (2019). Program ACTIVE II: Outcomes from a randomized, multistate community-based depression treatment for rural and urban adults with type 2 diabetes. Diabetes care, 42(7), 1185-1193. doi:10.2337/dc18-2400

De Jong M, Peeters F, Gard T, et al. A randomized controlled pilot study on mindfulness-based cognitive therapy for unipolar depression in patients with chronic pain. Journal of clinical psychiatry 2018; 79(1): 26 – 34.

Dekker RL, Moser DK, Peden AR, Lennie TA. Cognitive therapy improves three-month outcomes in hospitalized patients with heart failure. Journal of cardiac failure. 2012;18(1):10-20.

Dennis CL, Grigoriadis S, Zupancic J, Kiss A, Ravitz P. Telephone-based nurse-delivered interpersonal psychotherapy for postpartum depression: nationwide randomised controlled trial. Br J Psychiatry. 2020;216(4):189-196.

DeRubeis RJ, Hollon SD, Amsterdam JD, Shelton RC, Young PR, Salomon RM, et al. Cognitive therapy vs medications in the treatment of moderate to severe depression. Archives of General Psychiatry. 2005;62(4):409-16.

Desautels, C., Savard, J., Ivers, H., Savard, M. H., & Caplette-Gingras, A. (2018). Treatment of depressive symptoms in patients with breast cancer: a randomized controlled trial comparing cognitive therapy and bright light therapy [Journal Article; Randomized Controlled Trial]. Health Psychology, 37(1), 1 – 13. https://doi.org/10.1037/hea0000539

Dimidjian S, Hollon SD, Dobson KS, Schmaling KB, Kohlenberg RJ, Addis ME, et al. Randomized trial of behavioral activation, cognitive therapy, and antidepressant medication in the acute treatment of adults with major depression. Journal of Consulting and Clinical Psychology. 2006;74(4):658-70.

Dimidjian, S., Goodman, S., Sherwood, N., Simon, G., Ludman, E., Gallop, R., . . . Beck, A. (2017). A Pragmatic Randomized Clinical Trial of Behavioral Activation for Depressed Pregnant Women. Journal of Consulting and Clinical Psychology, 85(1), 26-36

Dindo L, Recober A, Marchman JN, Turvey C, O'Hara MW. One-day behavioral treatment for patients with comorbid depression and migraine: A pilot study. Behaviour Research and Therapy. 2012;50(9):537-43.
Dindo, L. N., Recober, A., Calarge, C. A., Zimmerman, B. M., Weinrib, A., Marchman, J. N., & Turvey, C. (2019). One-Day Acceptance and Commitment Therapy Compared to Support for Depressed Migraine Patients: a Randomized Clinical Trial. Neurotherapeutics. doi:10.1007/s13311-019-00818-0
Dobkin RD, Menza M, Allen LA, Gara MA, Mark MH, Tiu J, et al. Cognitive-behavioral therapy for depression in Parkinson's disease: A randomized, controlled trial. American Journal of Psychiatry. 2011;168(10):1066-74.
Dobkin RD, Mann SL, Gara MA, Interian A, Rodriguez KM, Menza M. Telephone-based cognitive behavioral therapy for depression in Parkinson disease: A randomized controlled trial. Neurology. 2020;94(16):e1764-e1773.
Dobkin, R. D., Mann, S. L., Weintraub, D., Rodriguez, K. M., Miller, R. B., St. Hill, L., King, A., Gara, M. A., & Interian, A. (2021). Innovating Parkinson's Care: A Randomized Controlled Trial of Telemedicine Depression Treatment [Article]. Movement disorders, 36(11), 2549-2558. https://doi.org/10.1002/mds.28548
Doering LV, Chen B, Cross Bodan R, Magsarili MC, Nyamathi A, Irwin MR. Early cognitive behavioral therapy for depression after cardiac surgery. Journal of Cardiovascular Nursing. 2013;28(4):370-9.
Dong, X., Sun, G., Zhan, J., Liu, F., Ma, S., Li, P., . . . Liu, Y. (2019). Telephone-based reminiscence therapy for colorectal cancer patients undergoing postoperative chemotherapy complicated with depression: a three-arm randomised controlled trial. Supportive care in cancer : official journal of the Multinational Association of Supportive Care in Cancer, 27(8), 2761-2769. doi:10.1007/s00520-018-4566-6
Duarte PS, Miyazaki MC, Blay SL, Sesso R. Cognitive-behavioral group therapy is an effective treatment for major depression in hemodialysis patients. Kidney international. 2009;76(4):414-21.
Dwight-Johnson M, Aisenberg E, Golinelli D, Hong S, O'Brien M, Ludman E. Telephone-based cognitive-behavioral therapy for Latino patients living in rural areas: A randomized pilot study. Psychiatric Services. 2011;62(8):936-42.
Ebert, D. D., Lehr, D., Boß, L., Riper, H., Cuijpers, P., Andersson, G., . . . Berking, M. (2014). Efficacy of an internet-based problem-solving training for teachers: results of a randomized controlled trial. Scandinavian journal of work, environment & health, 582-596.
Ebert DD, Buntrock C, Lehr D, et al. Effectiveness of Web- and Mobile-Based Treatment of Subthreshold Depression With Adherence-Focused Guidance: a Single-Blind Randomized Controlled Trial. Behavior therapy 2018; 49(1): 71 – 83.
Ede MO, Igbo JN, Eseadi C, et al. Effect of group cognitive behavioural therapy on depressive symptoms in a sample of college adolescents in Nigeria. Journal of Rational-Emotive & Cognitive-Behavior Therapy. 2020;38(3):306-318.
Ekers D, Richards D, McMillan D, Bland JM, Gilbody S. Behavioural activation delivered by the non-specialist: Phase II randomised controlled trial. The British Journal of Psychiatry. 2011;198(1):66-72.
Ekkers W, Korrelboom K, Huijbrechts I, Smits N, Cuijpers P, Gaag M. Competitive memory training for treating depression and rumination in depressed older adults: A randomized controlled trial. Behaviour Research and Therapy. 2011;49(10):588-96.
Elkin I, Shea MT, Watkins JT, Imber SD, Sotsky SM, Collins JF, et al. National institute of mental health treatment of depression collaborative research program. General effectiveness of treatments. Archives of General Psychiatry. 1989;46(11):971-82; discussion 83.
Embling S. The effectiveness of cognitive behavioural therapy in depression. Nursing Standard. 2002;17(14-15):33-41.
Eseadi C, Obidoa MA, Ogbuabor SE, Ikechukwu-Ilomuanya AB. Effects of Group-Focused Cognitive-Behavioral Coaching Program on Depressive Symptoms in a Sample of Inmates in a Nigerian Prison. International journal of offender therapy and comparative criminology 2018; 62(6): 1589-602.
Euteneuer, F., Dannehl, K., Del Rey, A., Engler, H., Schedlowski, M., & Rief, W. (2017). Immunological effects of behavioral activation with exercise in major depression: An exploratory randomized controlled trial. Translational Psychiatry, 7(5).
Evans RL, Connis RT. Comparison of brief group therapies for depressed cancer patients receiving radiation treatment. Public Health Reports. 1995;110(3):306-11.

Fann JR, Bombardier CH, Vannoy S, Dyer J, Ludman E, Dikmen S, et al. Telephone and in-person cognitive behavioral therapy for major depression after traumatic brain injury: A randomized controlled trial. Journal of neurotrauma. 2015;32(1):45-57.

Faramarzi M, Alipor A, Esmaelzadeh S, Kheirkhah F, Poladi K, Pash H. Treatment of depression and anxiety in infertile women: Cognitive behavioral therapy versus fluoxetine. Journal of Affective Disorders. 2008;108(1-2):159-64.

Fledderus M, Bohlmeijer ET, Pieterse ME, Schreurs KM. Acceptance and commitment therapy as guided self-help for psychological distress and positive mental health: A randomized controlled trial. Psychological Medicine. 2012;42(3):485-95.

Floyd M, Scogin F, McKendree-Smith NL, Floyd DL, Rokke PD. Cognitive therapy for depression: A comparison of individual psychotherapy and bibliotherapy for depressed older adults. Behavior modification. 2004;28(2):297-318.

Flygare AL, Engström I, Hasselgren M, et al. Internet-based CBT for patients with depressive disorders in primary and psychiatric care: Is it effective and does comorbidity affect outcome? Internet Interventions. 2020;19.

Folke F, Parling T, Melin L. Acceptance and commitment therapy for depression: A preliminary randomized clinical trial for unemployed on long-term sick leave. Cognitive and Behavioral Practice. 2012;19(4):583-94.

Fonagy P, Rost F, Carlyle JA, McPherson S, Thomas R, Pasco Fearon RM, et al. Pragmatic randomized controlled trial of long-term psychoanalytic psychotherapy for treatment-resistant depression: The Tavistock Adult Depression Study (TADS). World Psychiatry. 2015;14(3):312-21.

Forand NR, Barnett JG, Strunk DR, Hindiyeh MU, Feinberg JE, Keefe JR. Efficacy of Guided iCBT for Depression and Mediation of Change by Cognitive Skill Acquisition. Behavior Therapy 2018; 49(2): 295-307.

Forsell E, Bendix M, Holländare F, et al. Internet delivered cognitive behavior therapy for antenatal depression: A randomised controlled trial. Journal of Affective Disorders 2017; 221: 56-64.

Frangou, E., Bertelli, G., Love, S., Mackean, M. J., Glasspool, R. M., Fotopoulou, C., Cook, A., Nicum, S., Lord, R., Ferguson, M., Roux, R. L., Martinez, M., Butcher, C., Hulbert-Williams, N., Howells, L., & Blagden, S. P. (2021). OVPSYCH2: A randomized controlled trial of psychological support versus standard of care following chemotherapy for ovarian cancer. Gynecol Oncol, 162(2), 431-439. https://doi.org/10.1016/j.ygyno.2021.05.024

Freedland KE, Skala JA, Carney RM, Rubin EH, Lustman PJ, D·vila-Rom·n VG, et al. Treatment of depression after coronary artery bypass surgery: A randomized controlled trial. Archives of General Psychiatry. 2009;66(4):387-96.

Freedland KE, Carney RM, Rich MW, Steinmeyer BC, Rubin EH. Cognitive behavior therapy for depression and self-care in heart failure patients: A randomized clinical trial. JAMA Internal Medicine. 2015;175(11):1773-82.

Fry P. Structured and unstructured reminiscence training and depression among the elderly. Clinical Gerontologist. 1983;1(3):15-37.

Fuhr, D. C., Weobong, B., Lazarus, A., Vanobberghen, F., Weiss, H. A., Singla, D. R., . . . Patel, V. (2019). Delivering the Thinking Healthy Programme for perinatal depression through peers: An individually randomised controlled trial in India. The Lancet Psychiatry, 6(2), 115-127. doi:10.1016/S2215-0366(18)30466-8

Funderburk, J. S., Pigeon, W. R., Shepardson, R. L., Wade, M., Acker, J., Fivecoat, H., Wray, L. O., & Maisto, S. A. (2021). Treating depressive symptoms among veterans in primary care: A multi-site RCT of brief behavioral activation. J Affect Disord, 283, 11-19. https://doi.org/10.1016/j.jad.2021.01.033

Furukawa TA, Horikoshi M, Kawakami N, Kadota M, Sasaki M, Sekiya Y, et al. Telephone cognitive-behavioral therapy for subthreshold depression and presenteeism in workplace: A randomized controlled trial. PLoS One. 2012;7(4):e35330.

García-Peña C, Vázquez-Estupiñan F, Avalos-Pérez F, Jiménez LVR, Sánchez-Garcia S, Juárez-Cedillo T. Clinical effectiveness of group cognitive-behavioural therapy for depressed older people in primary care: A randomised controlled trial. Salud Mental. 2015;38(1):33-9.

Gawrysiak M, Nicholas C, Hopko DR. Behavioral activation for moderately depressed university students: Randomized controlled trial. Journal of Counseling Psychology. 2009;56(3):468-75.

Gellis ZD, McGinty J, Tierney L, Jordan C, Burton J, Misener E. Randomized controlled trial of problem-solving therapy for minor depression in home care. Research on Social Work Practice. 2008;18(6):596-606.

Gellis ZD, Bruce ML. Problem solving therapy for subthreshold depression in home healthcare patients with cardiovascular disease. The American Journal of Geriatric Psychiatry. 2010;18(6):464-74.

Geraedts AS, Kleiboer AM, Wiezer NM, van Mechelen W, Cuijpers P. Short-term effects of a web-based guided self-help intervention for employees with depressive symptoms: Randomized controlled trial. Journal of Medical Internet Research. 2014;16(5):e121.

Ghorbani, V., Zanjani, Z., Omidi, A., & Sarvizadeh, M. (2021). Efficacy of acceptance and commitment therapy (ACT) on depression, pain acceptance, and psychological flexibility in married women with breast cancer: a pre- and post-test clinical trial. Trends Psychiatry Psychother, 43(2), 126-133. https://doi.org/10.47626/2237-6089-2020-0022

Gibbons MB, Thompson SM, Scott K, Schauble LA, Mooney T, Thompson D, et al. Supportive-expressive dynamic psychotherapy in the community mental health system: A pilot effectiveness trial for the treatment of depression. Psychotherapy (Chicago, Ill). 2012;49(3):303-16.

Gitlin LN, Harris LF, McCoy MC, Chernett NL, Pizzi LT, Jutkowitz E, et al. A home-based intervention to reduce depressive symptoms and improve quality of life in older African Americans: A randomized trial. Annals of Internal Medicine. 2013;159(4):243-52.

Goodman JH, Prager J, Goldstein R, Freeman M. Perinatal Dyadic Psychotherapy for postpartum depression: A randomized controlled pilot trial. Archives of Women's Mental Health. 2015;18(3):493-506.

Greenberg J, Datta T, Shapero BG, Sevinc G, Mischoulon D, Lazar SW. Compassionate hearts protect against wandering minds: Self-compassion moderates the effect of mind-wandering on depression. Spirituality in Clinical Practice 2018; 5(3): 155-69.

Grote NK, Swartz HA, Geibel SL, Zuckoff A, Houck PR, Frank E. A randomized controlled trial of culturally relevant, brief interpersonal psychotherapy for perinatal depression. Psychiatric Services. 2009;60(3):313-21.

Hagen, R., Hjemdal, O., Solem, S., Kennair, L. E. O., Nordahl, H. M., Fisher, P., & Wells, A. (2017). Metacognitive therapy for depression in adults: A waiting list randomized controlled trial with six months follow-up. Frontiers in Psychology, 8.

Hallford DJ, Mellor D. Autobiographical memory-based intervention for depressive symptoms in young adults: A randomized controlled trial of cognitive-reminiscence therapy. Psychotherapy and Psychosomatics. 2016;85(4):246-9.

Hallgren M, Kraepelien M, Öjehagen A, Lindefors N, Zeebari Z, Kaldo V, et al. Physical exercise and internet-based cognitive-behavioural therapy in the treatment of depression: Randomised controlled trial. British Journal of Psychiatry. 2015;207(3):227-34.

Hamamci Z. Integrating psychodrama and cognitive behavioral therapy to treat moderate depression. Arts in Psychotherapy. 2006;33(3):199-207.

Hamdan-Mansour AM, Puskar K, Bandak AG. Effectiveness of cognitive-behavioral therapy on depressive symptomatology, stress and coping strategies among Jordanian university students. Issues in mental health nursing. 2009;30(3):188-96.

Han YMY, Sze SL, Wong QY, Chan AS. A mind-body lifestyle intervention enhances emotional control in patients with major depressive disorder: a randomized, controlled study. Cognitive, affective & behavioral neuroscience. 2020;20(5):1056-1069.

Haringsma R, Engels G, Cuijpers P, Spinhoven P. Effectiveness of the Coping With Depression (CWD) course for older adults provided by the community-based mental health care system in the Netherlands: A randomized controlled field trial. International Psychogeriatrics. 2006;18(02):307-25.

Harley R, Sprich S, Safren S, Jacobo M, Fava M. Adaptation of dialectical behavior therapy skills training group for treatment-resistant depression. Journal of Nervous and Mental Disease. 2008;196(2):136-43.

Harrer, M., Apolinário-Hagen, J., Fritsche, L., Salewski, C., Zarski, A. C., Lehr, D., Baumeister, H., Cuijpers, P., & Ebert, D. D. (2021). Effect of an internet- and app-based stress intervention compared to online psychoeducation in university students with depressive symptoms: Results of a randomized controlled trial [Article]. Internet Interventions, 24. https://doi.org/10.1016/j.invent.2021.100374

Hassiotis A, Serfaty M, Azam K, Strydom A, Blizard R, Romeo R, et al. Manualised individual cognitive behavioural therapy for mood disorders in people with mild to moderate intellectual disability: A feasibility randomised controlled trial. Journal of Affective Disorders. 2013;151(1):186-95.

Hautzinger M, Welz S. Kognitive Verhaltenstherapie bei Depressionen im Alter: Ergebnisse einer kontrollierten Vergleichsstudie unter ambulanten Bedingungen an Depressionen mittleren Schweregrads. = Cognitive behavioral therapy for depressed older outpatients: A controlled, randomized trial. Zeitschrift für Gerontologie und Geriatrie. 2004;37(6):427-35.

Hayman PM, Cope CS. Effects of assertion training on depression. Journal of clinical psychology. 1980;36(2):534-43.

He, H. L., Zhang, M., Gu, C. Z., Xue, R. R., Liu, H. X., Gao, C. F., & Duan, H. F. (2019). Effect of Cognitive Behavioral Therapy on Improving the Cognitive Function in Major and Minor Depression. The Journal of nervous and mental disease, 207(4), 232-238.

Heckman TG, Sikkema KJ, Hansen N, Kochman A, Heh V, Neufeld S, et al. A randomized clinical trial of a coping improvement group intervention for HIV-infected older adults. Journal of behavioral medicine. 2011;34(2):102-11.

Heckman, T. G., Heckman, B. D., Anderson, T., Lovejoy, T. I., Mohr, D., Sutton, M., . . . Gau, J.-T. (2013). Supportive-expressive and coping group teletherapies for HIV-infected older adults: a randomized clinical trial. AIDS Behav, 17(9), 3034-3044.

Heckman, T. G., Heckman, B. D., Anderson, T., Lovejoy, T. I., Markowitz, J. C., Shen, Y., & Sutton, M. (2017). Tele-interpersonal psychotherapy acutely reduces depressive symptoms in depressed HIV-infected rural persons: A randomized clinical trial. Behavioral Medicine, 43(4), 285-295.

Hegerl U, Hautzinger M, Mergl R, Kohnen R, Sch¸tze M, Scheunemann W, et al. Effects of pharmacotherapy and psychotherapy in depressed primary-care patients: A randomized, controlled trial including a patients' choice arm. International Journal of Neuropsychopharmacology. 2010;13(1):31-44.

Hemanny, C., Carvalho, C., Maia, N., Reis, D., Botelho, A. C., Bonavides, D., . . . De Oliveira, I. R. (2019). Efficacy of trial-based cognitive therapy, behavioral activation and treatment as usual in the treatment of major depressive disorder: Preliminary findings from a randomized clinical trial. CNS Spectrums. doi:10.1017/S1092852919001457

Hermanns N, Schmitt A, Gahr A, Herder C, Nowotny B, Roden M, et al. The effect of a diabetes-specific cognitive behavioral treatment program (DIAMOS) for patients with diabetes and subclinical depression: Results of a randomized controlled trial. Diabetes care. 2015;38(4):551-60.

Herrmann-Lingen C, Beutel ME, Bosbach A, Deter HC, Fritzsche K, Hellmich M, et al. A stepwise psychotherapy intervention for reducing risk in coronary artery disease (SPIRR-CAD): Results of an observer-blinded, multicenter, randomized trial in depressed patients with coronary artery disease. Psychosomatic Medicine. 2016;78(6):704-15.

Hoifodt RS, Lillevoll KR, Griffiths KM, et al. The clinical effectiveness of web-based cognitive behavioral therapy with face-to-face therapist support for depressed primary care patients: randomized controlled trial. Journal of medical Internet research 2013; 15(8): e153.

Holden JM, Sagovsky R, Cox JL. Counselling in a general practice setting: Controlled study of heath visitor intervention in treatment of postnatal depression. British Medical Journal. 1989;298(6668):223-6.

Honey KL, Bennett P, Morgan M. A brief psycho‐educational group intervention for postnatal depression. British Journal of Clinical Psychology. 2002;41(4):405-9.

Horrell L, Goldsmith KA, Tylee AT, Schmidt UH, Murphy CL, Bonin E-M, et al. One-day cognitive–behavioural therapy self-confidence workshops for people with depression: Randomised controlled trial. The British Journal of Psychiatry. 2014;204(3):222-33.

Hou Y, Hu P, Zhang Y, Lu Q, Wang D, Yin L, et al. Cognitive behavioral therapy in combination with systemic family therapy improves mild to moderate postpartum depression. Revista Brasileira de Psiquiatria. 2014;36(1):47-52.

Hsiao, F.-H., Lai, Y.-M., Chen, Y.-T., Yang, T.-T., Liao, S.-C., Ho, R. T., Ng, S.-M., Chan, C. L., & Jow, G.-M. (2014). Efficacy of psychotherapy on diurnal cortisol patterns and suicidal ideation in adjustment disorder with depressed mood. General hospital psychiatry, 36(2), 214-219. http://ac.els-cdn.com/S0163834313003113/1-s2.0-S0163834313003113-main.pdf?_tid=685fbc62-cf4e-11e5-b7e9-00000aab0f6c&acdnat=1455037317_a8c762fea010c7ac31f2152769dad94c

Huang, C.-Y., Lai, H.-L., Chen, C.-I., Lu, Y.-C., Li, S.-C., Wang, L.-W., & Su, Y. (2016). Effects of motivational enhancement therapy plus cognitive behaviour therapy on depressive symptoms and health-related quality of life in adults with type II diabetes mellitus: A randomised controlled trial. Quality of Life Research: An International Journal of Quality of Life Aspects of Treatment, Care & Rehabilitation, 25(5), 1275-1283.

Hum, K. M., Chan, C. J., Gane, J., Conway, L., McAndrews, M. P., & Smith, M. L. (2019). Do distance-delivery group interventions improve depression in people with epilepsy? Epilepsy & Behavior, 98, 153 - 160. doi:10.1016/j.yebeh.2019.06.037

Hummel, J., Weisbrod, C., Boesch, L., Himpler, K., Hauer, K., Hautzinger, M., . . . Kopf, D. (2017). AIDE–Acute Illness and Depression in Elderly Patients. Cognitive Behavioral Group Psychotherapy in Geriatric Patients With Comorbid Depression: A Randomized, Controlled Trial. Journal of the american medical directors association, 18(4), 341-349.

Hunter SB, Watkins KE, Hepner KA, Paddock SM, Ewing BA, Osilla KC, et al. Treating depression and substance use: A randomized controlled trial. Journal of substance abuse treatment. 2012;43(2):137-51.

Husain, N., Zulqernain, F., Carter, L.-A., Chaudhry, I., Fatima, B., Kiran, T., . . . Rahman, A. (2017). Treatment of maternal depression in urban slums of Karachi, Pakistan: a randomized controlled trial (RCT) of an integrated maternal psychological and early child development intervention. Asian journal of psychiatry, 29, 63-70.

Husain, N., Kiran, T., Fatima, B., Chaudhry, I. B., Husain, M., Shah, S., Bassett, P., Cohen, N., Jafri, F., Naeem, S., Zadeh, Z., Roberts, C., Rahman, A., Naeem, F., Husain, M. I., & Chaudhry, N. (2021). An integrated parenting intervention for maternal depression and child development in a low-resource setting: Cluster randomized controlled trial [Article]. Depress Anxiety, 38(9), 925-939. https://doi.org/10.1002/da.23169

Husain, N., Kiran, T., Shah, S., Rahman, A., Raza Ur, R., Saeed, Q., Naeem, S., Bassett, P., Husain, M., Haq, S. U., Jaffery, F., Cohen, N., Naeem, F., & Chaudhry, N. (2021). Efficacy of learning through play plus intervention to reduce maternal depression in women with malnourished children: A randomized controlled trial from Pakistan(☆). J Affect Disord, 278, 78-84. https://doi.org/10.1016/j.jad.2020.09.001

Jalali, F., Hasani, A., Hashemi, S. F., Kimiaei, S. A., & Babaei, A. (2019). Cognitive Group Therapy Based on Schema-Focused Approach for Reducing Depression in Prisoners Living With HIV. International journal of offender therapy and comparative criminology, 63(2), 276 - 288. doi:10.1177/0306624X18784185

Jamison C, Scogin F. The outcome of cognitive bibliotherapy with depressed adults. Journal of Consulting and Clinical Psychology. 1995;63(4):644-50.

Jarrett RB, Schaffer M, McIntire D, Witt-Browder A, Kraft D, Risser RC. Treatment of atypical depression with cognitive therapy or phenelzine: A double-blind, placebo-controlled trial. Archives of General Psychiatry. 1999;56(5):431-7.

Jelinek L, Hauschildt M, Wittekind CE, Schneider BC, Kriston L, Moritz S. Efficacy of metacognitive training for depression: A randomized controlled trial. Psychotherapy and Psychosomatics. 2016;85(4):231-4.

Jesse DE, Gaynes BN, Feldhousen EB, Newton ER, Bunch S, Hollon SD. Performance of a culturally tailored cognitive-behavioral intervention integrated in a public health setting to reduce risk of antepartum depression: A randomized controlled trial. Journal of Midwifery and Women's Health. 2015;60(5):578-92.

Jiang L, Wang ZZ, Qiu LR, Wan GB, Lin Y, Wei Z. Psychological intervention for postpartum depression. Journal of Huazhong University of Science and Technology: Medical sciences. 2014;34(3):437-42.

Johansson R, Ekbladh S, Hebert A, Lindström M, Möller S, Petitt E, et al. Psychodynamic guided self-help for adult depression through the internet: A randomised controlled trial. PloS One. 2012;7(5):e38021.

Johansson R, Sjöberg E, Sjögren M, Johnsson E, Carlbring P, Andersson T, et al. Tailored vs. standardized internet-based cognitive behavior therapy for depression and comorbid symptoms: A randomized controlled trial. PloS One. 2012;7(5):e36905.

Johansson, O., Bjärehed, J., Andersson, G., Carlbring, P., & Lundh, L. G. (2019). Effectiveness of guided internet-delivered cognitive behavior therapy for depression in routine psychiatry: A randomized controlled trial. Internet Interventions, 17. doi:10.1016/j.invent.2019.100247

Johnson JE, Zlotnick C. Pilot study of treatment for major depression among women prisoners with substance use disorder. Journal of Psychiatric Research. 2012;46(9):1174-83.

Johnson, J. E., Stout, R. L., Miller, T. R., Zlotnick, C., Cerbo, L. A., Andrade, J. T., . . . Wiltsey-Stirman, S. (2019). Randomized cost-effectiveness trial of group interpersonal psychotherapy (IPT) for prisoners with major depression. Journal of consulting and clinical psychology, 87(4), 392-406. doi:10.1037/ccp0000379

Joling KJ, Hout HP, van't Veer-Tazelaar PJ, Horst HE, Cuijpers P, Ven PM, et al. How effective is bibliotherapy for very old adults with subthreshold depression? A randomized controlled trial. American Journal of Geriatric Psychiatry. 2011;19(3):256-65.

Jordans, M. J. D., Luitel, N. P., Garman, E., Kohrt, B. A., Rathod, S. D., Shrestha, P., . . . Patel, V. (2019). Effectiveness of psychological treatments for depression and alcohol use disorder delivered by community-based counsellors: Two pragmatic randomised controlled trials within primary healthcare in Nepal. British Journal of Psychiatry, 215(2), 485-493. doi:10.1192/bjp.2018.300

Kamga, H., McCusker, J., Yaffe, M., Sewitch, M., Sussman, T., Strumpf, E., . . . Freeman, E. (2017). Self-care tools to treat depressive symptoms in patients with age-related eye disease: a randomized controlled clinical trial. Clinical & experimental ophthalmology, 45(4), 371-378.

Kanter JW, Santiago-Rivera AL, Santos MM, Nagy G, López M, Hurtado GD, et al. A randomized hybrid efficacy and effectiveness trial of behavioral activation for latinos with depression. Behavior Therapy. 2015;46(2):177-92.

Keeley RD, Brody DS, Engel M, Burke BL, Nordstrom K, Moralez E, et al. Motivational interviewing improves depression outcome in primary care: A cluster randomized trial. Journal of Consulting and Clinical Psychology. 2016;84(11):993-1007.

Kelly JA, Murphy DA, Bahr GR, Kalichman SC, Morgan MG, Stevenson LY, et al. Outcome of cognitive-behavioral and support group brief therapies for depressed, HIV-infected persons. American Journal of Psychiatry. 1993;150(11):1679-86.

Kenter, R. M. F., Cuijpers, P., Beekman, A., & van Straten, A. (2016). Effectiveness of a Web-based guided self-help intervention for outpatients with a depressive disorder: Short-term results from a randomized controlled trial. Journal of medical Internet research, 18(3).

Kessler D, Lewis G, Kaur S, Wiles N, King M, Weich S, et al. Therapist-delivered Internet psychotherapy for depression in primary care: A randomised controlled trial. Lancet. 2009;374(9690):628-34.

Khoshbooii, R., Hassan, S. A., Deylami, N., Muhamad, R., Engku Kamarudin, E. M., & Alareqe, N. A. (2021). Effects of Group and Individual Culturally Adapted Cognitive Behavioral Therapy on Depression and Sexual Satisfaction among Perimenopausal Women. Int J Environ Res Public Health, 18(14). https://doi.org/10.3390/ijerph18147711

Kim YH, Choi KS, Han K, Kim HW. A psychological intervention programme for patients with breast cancer under chemotherapy and at a high risk of depression: a randomised clinical trial. Journal of clinical nursing 2018; 27(3 – 4): 572 – 81.

King M, Sibbald B, Ward E, Bower P, Lloyd M, Gabbay M, et al. Randomised controlled trial of non-directive counselling, cognitive-behaviour therapy and usual general practitioner care in the management of depression as well as mixed anxiety and depression in primary care. Health Technology Assessment. 2000;4(19):1-83.

Kivi M, Eriksson MCM, Hange D, Petersson E-L, Vernmark K, Johansson B, et al. Internet-based therapy for mild to moderate depression in Swedish primary care: Short term results from the PRIM-NET randomized controlled trial. Cognitive Behaviour Therapy. 2014;43(4):289-98.

Kleiboer A, Donker T, Seekles W, van Straten A, Riper H, Cuijpers P. A randomized controlled trial on the role of support in Internet-based problem solving therapy for depression and anxiety. Behaviour Research and Therapy. 2015;72:63-71.

Klerman, G. L., Dimascio, A., Weissman, M., Prusoff, B., & Paykel, E. S. (1974). Treatment of depression by drugs and psychotherapy. American Journal of Psychiatry, 131(2), 186-191.

Korrelboom K, Maarsingh M, Huijbrechts I. Competitive memory training (COMET) for treating low self-esteem in patients with depressive disorders: A randomized clinical trial. Depression and anxiety. 2012;29(2):102-10.

Korte J, Bohlmeijer ET, Cappeliez P, Smit F, Westerhof GJ. Life review therapy for older adults with moderate depressive symptomatology: A pragmatic randomized controlled trial. Psychological Medicine. 2012;42(6):1163-73.

Krämer, L. V., Grünzig, S. D., Baumeister, H., Ebert, D. D., & Bengel, J. (2021). Effectiveness of a Guided Web-Based Intervention to Reduce Depressive Symptoms before Outpatient Psychotherapy: A Pragmatic Randomized Controlled Trial. Psychother Psychosom, 90(4), 233-242. https://doi.org/10.1159/000515625

Laidlaw K, Davidson K, Toner H, Jackson G, Clark S, Law J, et al. A randomised controlled trial of cognitive behaviour therapy vs treatment as usual in the treatment of mild to moderate late life depression. International Journal of Geriatric Psychiatry. 2008;23(8):843-50.

Lamers F, Jonkers CC, Bosma H, Kempen GI, Meijer JA, Penninx BW, et al. A minimal psychological intervention in chronically ill elderly patients with depression: A randomized trial. Psychotherapy and Psychosomatics. 2010;79(4):217-26.

Lamers SMA, Bohlmeijer ET, Korte J, Westerhof GJ. The efficacy of life-review as online-guided self-help for adults: A randomized trial. The Journals of Gerontology: Series B: Psychological Sciences and Social Sciences 2015; 70B(1): 24-34.

Landreville P, Bissonnette L. Effects of cognitive bibliotherapy for depressed older adults with a disability. Clinical Gerontologist. 1997;17(4):35-55.

Lappalainen P, Langrial S, Oinas-Kukkonen H, Tolvanen A, Lappalainen R. Web-based acceptance and commitment therapy for depressive symptoms with minimal support: A randomized controlled trial. Behavior modification. 2015;39(6):805-34.

Larcombe NA, Wilson PH. An evaluation of cognitive-behaviour therapy for depression in patients with multiple sclerosis. The British Journal of Psychiatry. 1984;145:366-71.

Lee, E., Han, Y., Cha, Y. J., Oh, J. H., Hwang, N. R., Seo, H. J., & Choi, K. H. (2021). Community-Based Multi-Site Randomized Controlled Trial of Behavioral Activation for Patients with Depressive Disorders [Article in Press]. Community mental health journal. https://doi.org/10.1007/s10597-021-00828-3

Lemma A, Fonagy P. Feasibility study of a psychodynamic online group intervention for depression. Psychoanalytic Psychology. 2013;30(3):367-80.

Lenze, S., & Potts, M. (2017). Brief Interpersonal Psychotherapy for depression during pregnancy in a low-income population: a randomized controlled trial. Journal of Affective Disorders, 210, 151-157.

Lenze SN, Potts MA, Rodgers J, Luby J. Lessons learned from a pilot randomized controlled trial of dyadic interpersonal psychotherapy for perinatal depression in a low-income population. Journal of Affective Disorders. 2020;271:286-292.

Lerner D, Adler DA, Rogers WH, Chang H, Greenhill A, Cymerman E, et al. A randomized clinical trial of a telephone depression intervention to reduce employee presenteeism and absenteeism. Psychiatric Services. 2015;66(6):570-7.

Leung SS, Lee AM, Chiang VC, Lam SK, Kuen YW, Wong DF. Culturally sensitive, preventive antenatal group cognitive-behavioural therapy for Chinese women with depression. Internationan Journal of Nursing Practice. 2013;19(Supp 1):28-37.

Leung S, Lee A, Wong D, Wong C, Leung K, Chiang V, et al. A brief group intervention using a cognitive-behavioural approach to reduce postnatal depressive symptoms: A randomised controlled trial. Hong Kong Medical Journal. 2016;22(1 Supplement 2).

Lexis MA, Jansen NW, Huibers MJ, Amelsvoort LG, Berkouwer A, Tjin ATG, et al. Prevention of long-term sickness absence and major depression in high-risk employees: A randomised controlled trial. Occupational and Environmental Medicine. 2011;68(6):400-7.

Liang, L., Feng, L., Zheng, X., Wu, Y., Zhang, C., & Li, J. (2021). Effect of dialectical behavior group therapy on the anxiety and depression of medical students under the normalization of epidemic prevention and control for the COVID-19 epidemic: a randomized study. Ann Palliat Med, 10(10), 10591-10599. https://doi.org/10.21037/apm-21-2466

Linde JA, Simon GE, Ludman EJ, Ichikawa LE, Operskalski BH, Arterburn D, et al. A randomized controlled trial of behavioral weight loss treatment versus combined weight loss/depression treatment among women with comorbid obesity and depression. Annals of Behavioral Medicine. 2011;41(1):119-30.

Liu ET-H, Chen W-L, Li Y-H, Wang CH, Mok TJ, Huang HS. Exploring the efficacy of cognitive bibliotherapy and a potential mechanism of change in the treatment of depressive symptoms among the Chinese: A randomized controlled trial. Cognitive Therapy and Research. 2009;33(5):449-61.

Liu, H., & Yang, Y. (2021). Effects of a psychological nursing intervention on prevention of anxiety and depression in the postpartum period: a randomized controlled trial [Article]. Annals of General Psychiatry, 20(1). https://doi.org/10.1186/s12991-020-00320-4

Lloyd-Williams M, Shiels C, Ellis J, et al. Pilot randomised controlled trial of focused narrative intervention for moderate to severe depression in palliative care patients: DISCERN trial. Palliative medicine 2018; 32(1): 206 – 15.

Lök, N., Bademli, K., & Selçuk-Tosun, A. (2019). The effect of reminiscence therapy on cognitive functions, depression, and quality of life in Alzheimer patients: randomized controlled trial. International Journal of Geriatric Psychiatry, 34(1), 47 – 53. doi:10.1002/gps.4980

Losada A, Márquez-González M, Romero-Moreno R, Mausbach BT, López J, Fernández-Fernández V, et al. Cognitive–behavioral therapy (CBT) versus acceptance and commitment therapy (ACT) for dementia family caregivers with significant depressive symptoms: Results of a randomized clinical trial. Journal of Consulting and Clinical Psychology. 2015;83(4):760-72.

Lovell K, Bower P, Richards D, Barkham Mi, Sibbald B, Roberts C, et al. Developing guided self-help for depression using the medical research council complex interventions framework: A description of the modelling phase and results of an exploratory randomised controlled trial. BMC psychiatry. 2008;8.

Lund, C., Schneider, M., Garman, E. C., Davies, T., Munodawafa, M., Honikman, S., . . . Susser, E. (2019). Task-sharing of psychological treatment for antenatal depression in Khayelitsha, South Africa: Effects on antenatal and postnatal outcomes in an individual randomised controlled trial. Behaviour Research and. doi:10.1016/j.brat.2019.103466

Lundgren JG, Dahlstrom O, Andersson G, Jaarsma T, Karner Kohler A, Johansson P. The effect of guided web-based cognitive behavioral therapy on patients with depressive symptoms and heart failure: A pilot randomized controlled trial. Journal of Medical Internet Research. 2016;18(8):e194.

Lustman PJ, Griffith LS, Freedland KE, Kissel SS, Clouse RE. Cognitive behavior therapy for depression in type 2 diabetes mellitus. A randomized, controlled trial. Annals of Internal Medicine. 1998;129(8):613-21.

Lynch DJ, Tamburrino MB, Nagel R. Telephone counseling for patients with minor depression: Preliminary findings in a family practice setting. The Journal of family practice. 1997;44(3):293-8.

Lynch D, Tamburrino M, Nagel R, Smith MK. Telephone-based treatment for family practice patients with mild depression. Psychological reports. 2004;94(3 Pt 1):785-92.

Lynch, T. R., Hempel, R. J., Whalley, B., Byford, S., Chamba, R., Clarke, P., . . . Russell, I. T. (2019). Refractory depression - mechanisms and efficacy of radically open dialectical behaviour therapy (RefraMED): findings of a randomised trial on benefits and harms. The British journal of psychiatry : the journal of mental science, 1-9. doi:10.1192/bjp.2019.53

MacLean S, Corsi DJ, Litchfield S, et al. Coach-facilitated web-based therapy compared with information about web-based resources in patients referred to secondary mental health care for depression: Randomized controlled trial. Journal of Medical Internet Research. 2020;22(6).

MacPherson H, Richmond S, Bland M, Brealey S, Gabe R, Hopton A, et al. Acupuncture and counselling for depression in primary care: A randomised controlled trial. PLoS medicine. 2013;10(9):e1001518.

Mahmoodi, M., Bakhtiyari, M., Masjedi Arani, A., Mohammadi, A., & Saberi Isfeedvajani, M. (2021). The comparison between CBT focused on perfectionism and CBT focused on emotion regulation for individuals with depression and anxiety disorders and dysfunctional perfectionism: A randomized controlled trial. Behavioural and Cognitive Psychotherapy, 49(4), 454-471. https://doi.org/10.1017/S1352465820000909

Maina G, Forner F, Bogetto F. Randomized controlled trial comparing brief dynamic and supportive therapy with waiting list condition in minor depressive disorders. Psychotherapy and Psychosomatics. 2005;74(1):43-50.

Malouff JM, Lanyon RI, Schutte NS. Effectiveness of a brief group RET treatment for divorce-related dysphoria. Journal of Rational-Emotive and Cognitive-Behavior Therapy. 1988;6(3):162-71.

Martin PR, Aiello R, Gilson K, Meadows G, Milgrom J, Reece J. Cognitive behavior therapy for comorbid migraine and/or tension-type headache and major depressive disorder: An exploratory randomized controlled trial. Behaviour Research and Therapy. 2015;73:8-18.

Matsuzaka, C., Wainberg, M., Norcini, P. A., Hoffmann, E., Coimbra, B., Braga, R., . . . Mello, M. (2017). Task shifting interpersonal counseling for depression: a pragmatic randomized controlled trial in primary care. BMC Psychiatry, 17(1)

McClay CA, Collins K, Matthews L, Haig C, McConnachie A, Morrison J, et al. A community-based pilot randomised controlled study of life skills classes for individuals with low mood and depression. BMC psychiatry. 2015;15:17.

McCusker, J., Jones, J. M., Li, M., Faria, R., Yaffe, M. J., Lambert, S. D., Ciampi, A., Belzile, E., & de Raad, M. (2021). CanDirect: Effectiveness of a Telephone-Supported Depression Self-Care Intervention for Cancer Survivors. J Clin Oncol, 39(10), 1150-1161. https://doi.org/10.1200/jco.20.01802

McIndoo CC, File AA, Preddy T, Clark CG, Hopko DR. Mindfulness-based therapy and behavioral activation: A randomized controlled trial with depressed college students. Behaviour Research and Therapy. 2016;77:118-28.

McKee MD, Zayas LH, Fletcher J, Boyd RC, Nam SH. Results of an intervention to reduce perinatal depression among low-income minority women in community primary care. Journal of Social Service Research. 2006;32(4):63-81.

Mennen, F. E., Palmer Molina, A., Monro, W. L., Duan, L., Stuart, S., & Sosna, T. (2021). Effectiveness of an Interpersonal Psychotherapy (IPT) Group Depression Treatment for Head Start Mothers: A Cluster-Randomized Controlled Trial. J Affect Disord, 280(Pt B), 39-48. https://doi.org/10.1016/j.jad.2020.11.074

Michalak J, Schultze M, Heidenreich T, Schramm E. A randomized controlled trial on the efficacy of mindfulness-based cognitive therapy and a group version of cognitive behavioral analysis system of psychotherapy for chronically depressed patients. Journal of Consulting and Clinical Psychology. 2015;83(5):951-63.

Milgrom J, Negri LM, Gemmill AW, McNeil M, Martin PR. A randomized controlled trial of psychological interventions for postnatal depression. British Journal of Clinical Psychology. 2005;44(4):529-42.

Milgrom J, Holt CJ, Gemmill AW, Ericksen J, Leigh B, Buist A, et al. Treating postnatal depressive symptoms in primary care: A randomised controlled trial of GP management, with and without adjunctive counselling. BMC psychiatry. 2011;11:95.

Milgrom J, Holt C, Holt CJ, Ross J, Ericksen J, Gemmill AW. Feasibility study and pilot randomised trial of an antenatal depression treatment with infant follow-up. Archives of Women's Mental Health. 2015;18(5):717-30.

Milgrom J, Danaher BG, Gemmill AW, Holt C, Holt CJ, Seeley JR, et al. Internet cognitive behavioral therapy for women with postnatal depression: A randomized controlled trial of MumMoodBooster. Journal of Medical Internet Research. 2016;18(3):e54.

Milgrom, J., Danaher, B. G., Seeley, J. R., Holt, C. J., Holt, C., Ericksen, J., Tyler, M. S., Gau, J. M., & Gemmill, A. W. (2021). Internet and Face-to-face Cognitive Behavioral Therapy for Postnatal Depression Compared With Treatment as Usual: Randomized Controlled Trial of MumMoodBooster. J Med Internet Res, 23(12), e17185. https://doi.org/10.2196/17185

Miller L, Weissman M. Interpersonal psychotherapy delivered over the telephone to recurrent depressives. A pilot study. Depression and anxiety. 2002;16(3):114-7.

Miranda J, Chung JY, Green BL, Krupnick J, Siddique J, Revicki DA, et al. Treating depression in predominantly low-income young minority women: A randomized controlled trial. Jama. 2003;290(1):57-65.

Mohr DC, Likosky W, Bertagnolli A, Goodkin DE, Van Der Wende J, Dwyer P, et al. Telephone-administered cognitive-behavioral therapy for the treatment of depressive symptoms in multiple sclerosis. Journal of Consulting and Clinical Psychology. 2000;68(2):356-61.

Mohr DC, Carmody T, Erickson L, Jin L, Leader J. Telephone-administered cognitive behavioral therapy for veterans served by community-based outpatient clinics. Journal of Consulting and Clinical Psychology. 2011;79(2):261-5.

Mohr DC, Duffecy J, Ho J, Kwasny M, Cai X, Burns MN, et al. A randomized controlled trial evaluating a manualized TeleCoaching protocol for improving adherence to a web-based intervention for the treatment of depression. PLoS One. 2013;8(8):e70086.

Moldovan R, Cobeanu O, David D. Cognitive bibliotherapy for mild depressive symptomatology: Randomized clinical trial of efficacy and mechanisms of change. Clinical Psychology and Psychotherapy. 2013;20(6):482-93.

Montero-Marín, J., Araya, R., Pérez-Yus, M. C., Mayoral, F., Gili, M., Botella, C., . . . López-Del-Hoyo, Y. (2016). An internet-based intervention for depression in primary Care in Spain: a randomized controlled trial. Journal of medical Internet research, 18(8), e231.

Moon, J. R., Huh, J., Song, J., Kang, I. S., Park, S. W., Chang, S. A., . . . Han, J. S. (2021). The effects of rational emotive behavior therapy for depressive symptoms in adults with congenital heart disease. Heart Lung, 50(6), 906-913. doi:10.1016/j.hrtlng.2021.07.011

Mossey JM, Knott KA, Higgins M, Talerico K. Effectiveness of a psychosocial intervention, interpersonal counseling, for subdysthymic depression in medically ill elderly. The journals of gerontology Series A, Biological sciences and medical sciences. 1996;51(4):M172-8.

Mukhtar, F., Oei, T. P., & Yaacob, M. (2011). Effectiveness of group cognitive behaviour therapy augmentation in reducing negative cognitions in the treatment of depression in Malaysia. ASEAN Journal of Psychiatry, 12(1), 50-65.

Mulcahy R, Reay RE, Wilkinson RB, Owen C. A randomised control trial for the effectiveness of group interpersonal psychotherapy for postnatal depression. Archives of Women's Mental Health. 2010;13(2):125-39.

Musa, Z. A., Soh, K. L., Mukhtar, F., Soh, K. Y., Oladele, T. O., & Soh, K. G. (2021). Effectiveness of mindfulness-based cognitive therapy among depressed individuals with disabilities in Nigeria: A randomized controlled trial. Psychiatry Res, 296, 113680. doi:10.1016/j.psychres.2020.113680

Mynors-Wallis L, Gath D, Lloyd-Thomas A, Tomlinson D. Randomised controlled trial comparing problem solving treatment with amitriptyline and placebo for major depression in primary care. BMJ. 1995;310(6977):441-5.

Naeem F, Sarhandi I, Gul M, Khalid M, Aslam M, Anbrin A. A multicentre randomised controlled trial of a carer supervised culturally adapted cbt (cacbt) based self-help for depression in pakistan. Journal of Affective Disorders. 2013;156:224-7.

Naeem F, Gul M, Irfan M, Munshi T, Asif A, Rashid S, et al. Brief Culturally adapted CBT (CaCBT) for depression: A randomized controlled trial from Pakistan. Journal of Affective Disorders. 2015;177:101-7.

Nakagawa, A., Mitsuda, D., Sado, M., Abe, T., Fujisawa, D., Kikuchi, T., . . . Ono, Y. (2017). Effectiveness of supplementary cognitive-behavioral therapy for pharmacotherapy-resistant depression: A randomized controlled trial. Journal of clinical psychiatry, 78(8), 1126-1135

Nakimuli-Mpungu E, Wamala K, Okello J, Alderman S, Odokonyero R, Mojtabai R, et al. Group support psychotherapy for depression treatment in people with HIV/AIDS in northern Uganda: A single-centre randomised controlled trial. The Lancet HIV. 2015;2(5):e190-e9.

Nakimuli-Mpungu E, Musisi S, Wamala K, et al. Effectiveness and cost-effectiveness of group support psychotherapy delivered by trained lay health workers for depression treatment among people with HIV in Uganda: a cluster-randomised trial. Lancet Glob Health. 2020;8(3):e387-e398.

Nasrin, F., Rimes, K., Reinecke, A., Rinck, M., & Barnhofer, T. (2017). Effects of Brief Behavioural Activation on Approach and Avoidance Tendencies in Acute Depression: preliminary Findings. Behavioural and Cognitive Psychotherapy, 45(1), 58-72.

Neugebauer R, Kline J, Markowitz JC, Bleiberg KL, Baxi L, Rosing MA, et al. Pilot randomized controlled trial of interpersonal counseling for subsyndromal depression following miscarriage. Journal of Clinical Psychiatry. 2006;67(8):1299-304.

Newby JM, Lang T, Werner-Seidler A, Holmes E, Moulds ML. Alleviating distressing intrusive memories in depression: A comparison between computerised cognitive bias modification and cognitive behavioural education. Behaviour Research and Therapy. 2014;56:60-7.

Newby, J., Robins, L., Wilhelm, K., Smith, J., Fletcher, T., Gillis, I., . . . Andrews, G. (2017). Web-Based Cognitive Behavior Therapy for Depression in People With Diabetes Mellitus: a Randomized Controlled Trial. Journal of medical Internet research, 19(5), e157.

Nezu AM. Efficacy of a social problem-solving therapy approach for unipolar depression. Journal of Consulting and Clinical Psychology. 1986;54(2):196-202.

Nezu AM, Perri MG. Social problem-solving therapy for unipolar depression: An initial dismantling investigation. Journal of Consulting and Clinical Psychology. 1989;57(3):408-13.

Ng SE, Tien A, Thayala JN, Ho RC, Chan MF. The effect of life story review on depression of older community-dwelling Chinese adults in Singapore: A preliminary result. International Journal of Geriatric Psychiatry. 2013;28(3):328-30.

Ngai FW, Wong P-C, Leung KY, Chau PH, Chung KF. The effect of telephone-based cognitive-behavioral therapy on postnatal depression: A randomized controlled trial. Psychotherapy and Psychosomatics. 2015;84(5):294-303.

Niedermoser DW, Kalak N, Kiyhankhadiv A, et al. Workplace-Related Interpersonal Group Psychotherapy to Improve Life at Work in Individuals With Major Depressive Disorders: a Randomized Interventional Pilot Study. Frontiers in psychiatry. 2020;11.

Nobis S, Lehr D, Ebert DD, Baumeister H, Snoek F, Riper H, et al. Efficacy of a web-based intervention with mobile phone support in treating depressive symptoms in adults with type 1 and type 2 diabetes: A randomized controlled trial. Diabetes care. 2015;38(5):776-83.

Nollett CL, Bray N, Bunce C, Casten RJ, Edwards RT, Hegel MT, et al. Depression in Visual Impairment Trial (DEPVIT): A randomized clinical trial of depression treatments in people with low vision. Investigative Ophthalmology and Visual Science. 2016;57(10):4247-54.

Northwood AK, Vukovich MM, Beckman A, et al. Intensive psychotherapy and case management for Karen refugees with major depression in primary care: a pragmatic randomized control trial. BMC Fam Pract. 2020;21(1):17.

Nyström, M., Stenling, A., Sjöström, E., Neely, G., Lindner, P., HassmÈn, P., . . . Carlbring, P. (2017). Behavioral activation versus physical activity via the internet: a randomized controlled trial. Journal of Affective Disorders, 215, 85-93.

O'Hara MW, Stuart S, Gorman LL, Wenzel A. Efficacy of interpersonal psychotherapy for postpartum depression. Archives of General Psychiatry. 2000;57(11):1039-45.

O'Mahen H, Himle JA, Fedock G, Henshaw E, Flynn H. A pilot randomized controlled trial of cognitive behavioral therapy for perinatal depression adapted for women with low incomes. Depression and anxiety. 2013;30(7):679-87.

O'Neil A, Taylor B, Sanderson K, Cyril S, Chan B, Hawkes AL, et al. Efficacy and feasibility of a tele-health intervention for acute coronary syndrome patients with depression: Results of the "MoodCare" randomized controlled trial. Annals of Behavioral Medicine. 2014;48(2):163-74.

Oehler C, Görges F, Rogalla M, Rummel-Kluge C, Hegerl U. Efficacy of a Guided Web-Based Self-Management Intervention for Depression or Dysthymia: Randomized Controlled Trial With a 12-Month Follow-Up Using an Active Control Condition. J Med Internet Res. 2020;22(7):e15361.

Olukolade, O., & Osinowo, H. (2017). Efficacy of Cognitive Rehabilitation Therapy on Poststroke Depression among Survivors of First Stroke Attack in Ibadan, Nigeria. Behavioural Neurology, 2017

Omidi A, Mohammadkhani P, Mohammadi A, Zargar F. Comparing mindfulness based cognitive therapy and traditional cognitive behavior therapy with treatments as usual on reduction of major depressive disorder symptoms. Iranian Red Crescent Medical Journal. 2013;15(2):142-6.

Onuigbo, L. N., Eseadi, C., Ebifa, S., Ugwu, U. C., Onyishi, C. N., & Oyeoku, E. K. (2019). Effect of rational emotive behavior therapy program on depressive symptoms among university students with blindness in Nigeria. Journal of Rational-Emotive & Cognitive-Behavior Therapy, 37(1), 17-38. doi:10.1007/s10942-018-0297-3

Onyechi, K. C. N., Eseadi, C., Okere, A. U., Onuigbo, L. N., Umoke, P. C. I., Anyaegbunam, N. J., . . . Ugorji, N. J. (2016). Effects of cognitive behavioral coaching on depressive symptoms in a sample of type 2 diabetic inpatients in Nigeria. Medicine (United States), 95(31).

Pace TM, Dixon DN. Changes in depressive self-schemata and depressive symptoms following cognitive therapy. Journal of Counseling Psychology. 1993;40(3):288.

Pagoto S, Schneider KL, Whited MC, Oleski JL, Merriam P, Appelhans B, et al. Randomized controlled trial of behavioral treatment for comorbid obesity and depression in women: The Be Active Trial. International Journal of Obesity. 2013;37(11):1427-34.

Patel, V., Weobong, B., Weiss, H., Anand, A., Bhat, B., Katti, B., . . . Fairburn, C. (2017). The Healthy Activity Program (HAP), a lay counsellor-delivered brief psychological treatment for severe depression, in primary care in India: a randomised controlled trial. Lancet (london, england), 389(10065), 176-185.

Pecheur DR, Edwards KJ. A comparison of secular and religious versions of cognitive therapy with depressed Christian college students. Journal of Psychology and Theology. 1984.

Peden AR, Hall LA, Rayens MK, Beebe LL. Reducing negative thinking and depressive symptoms in college women. Journal of Nursing Scholarship. 2000;32(2):145-51.

Penckofer SM, Ferrans C, Mumby P, Byrn M, Emanuele MA, Harrison PR, et al. A psychoeducational intervention (SWEEP) for depressed women with diabetes. Annals of Behavioral Medicine. 2012;44(2):192-206.

Perini S, Titov N, Andrews G. Clinician-assisted Internet-based treatment is effective for depression: Randomized controlled trial. Australian and New Zealand Journal of Psychiatry. 2009;43(6):571-8.

Petersen I, Hanass Hancock J, Bhana A, Govender K. A group-based counselling intervention for depression comorbid with HIV/AIDS using a task shifting approach in South Africa: A randomized controlled pilot study. Journal of Affective Disorders. 2014;158:78-84.

Pibernik-Okanovic M, Begic D, Ajdukovic D, Andrijasevic N, Metelko Z. Psychoeducation versus treatment as usual in diabetic patients with subthreshold depression: Preliminary results of a randomized controlled trial. Trials. 2009;10:78.

Pibernik-Okanović M, Hermanns N, Ajduković D, Kos J, Prašek M, Šekerija M, Lovrenčić MV. Does treatment of subsyndromal depression improve depression-related and diabetes-related outcomes? A randomised controlled comparison of psychoeducation, physical exercise and enhanced treatment as usual. Trials. 2015 Jul 15;16:305.

Pihlaja S, Lahti J, Lipsanen JO, et al. Scheduled Telephone Support for Internet Cognitive Behavioral Therapy for Depression in Patients at Risk for Dropout: Pragmatic Randomized Controlled Trial. J Med Internet Res. 2020;22(7):e15732.

Poleshuck EL, Gamble SA, Bellenger K, Lu N, Tu X, Sorensen S, et al. Randomized controlled trial of interpersonal psychotherapy versus enhanced treatment as usual for women with co-occurring depression and pelvic pain. Journal of psychosomatic research. 2014;77(4):264-72.

Pot AM, Bohlmeijer ET, Onrust S, Melenhorst A-S, Veerbeek M, De Vries W. The impact of life review on depression in older adults: A randomized controlled trial. International Psychogeriatrics. 2010;22(4):572-81.

Pots WTM, Meulenbeek PAM, Veehof MM, Klungers J, Bohlmeijer ET. The efficacy of mindfulness-based cognitive therapy as a public mental health intervention for adults with mild to moderate depressive symptomatology: A randomized controlled trial. PLoS One. 2014;9(10).

Pots WT, Fledderus M, Meulenbeek PA, ten Klooster PM, Schreurs KM, Bohlmeijer ET. Acceptance and commitment therapy as a web-based intervention for depressive symptoms: Randomised controlled trial. The British Journal of Psychiatry. 2016;208(1):69-77.

Power MJ, Freeman C. A randomized controlled trial of IPT versus CBT in primary care: With some cautionary notes about handling missing values in clinical trials. Clinical Psychology and Psychotherapy. 2012;19(2):159-69.

Prendergast J, Austin MP. Early childhood nurse-delivered cognitive behavioural counselling for post-natal depression. Australasian Psychiatry. 2001;9(3):255-9.

Preschl B, Maercker A, Wagner B, Forstmeier S, Banos RM, Alcaniz M, et al. Life-review therapy with computer supplements for depression in the elderly: A randomized controlled trial. Aging and Mental Health. 2012;16(8):964-74.

Propst LR, Ostrom R, Watkins P, Dean T, Mashburn D. Comparative efficacy of religious and nonreligious cognitive-behavioral therapy for the treatment of clinical depression in religious individuals. Journal of Consulting and Clinical Psychology. 1992;60(1):94-103.

Psarraki, E. E., Bacopoulou, F., Panagoulias, E., Michou, M., Pelekasis, P., Artemiadis, A., . . . Darviri, C. (2021). The effects of Pythagorean Self-Awareness Intervention on patients with major depressive disorder: A pilot randomized controlled trial. J Psychiatr Res, 138, 326-334. doi:10.1016/j.jpsychires.2021.03.067

Puckering C, McIntosh E, Hickey A, Longford J. Mellow Babies: A group intervention for infants and mothers experiencing postnatal depression. Counselling Psychology Review. 2010;25(1):28-38.

Pugh, N. E., Hadjistavropoulos, H. D., & Dirkse, D. (2016). A Randomised Controlled Trial of Therapist-Assisted, Internet-Delivered Cognitive Behavior Therapy for Women with Maternal Depression. PLoS ONE, 11(3), e0149186.

Qiu J, Chen W, Gao X, Xu Y, Tong H, Yang M, et al. A randomized controlled trial of group cognitive behavioral therapy for Chinese breast cancer patients with major depression. Journal of psychosomatic obstetrics and gynaecology. 2013;34(2):60-7.

Raevuori, A., Vahlberg, T., Korhonen, T., Hilgert, O., Aittakumpu-Hyden, R., & Forman-Hoffman, V. (2021). A therapist-guided smartphone app for major depression in young adults: A randomized clinical trial. J Affect Disord, 286, 228-238. doi:10.1016/j.jad.2021.02.007

Rahman A, Malik A, Sikander S, Roberts C, Creed F. Cognitive behaviour therapy-based intervention by community health workers for mothers with depression and their infants in rural Pakistan: A cluster-randomised controlled trial. Lancet. 2008;372(9642):902-9.

Ransom D, Heckman TG, Anderson T, Garske J, Holroyd K, Basta T. Telephone-delivered, interpersonal psychotherapy for HIV-infected rural persons with depression: A pilot trial. Psychiatric Services. 2008;59(8):871-7.

Raue, P. J., Sirey, J. A., Dawson, A., Berman, J., & Bruce, M. L. (2019). Lay-delivered behavioral activation for depressed senior center clients: Pilot RCT. International journal of geriatric psychiatry, 34(11), 1715-1723. doi:10.1002/gps.5186

Raya-Tena, A., Fernández-San-Martin, M. I., Martin-Royo, J., Casañas, R., Sauch-Valmaña, G., Cols-Sagarra, C., . . . Jiménez-Herrera, M. F. (2021). Effectiveness of a Psychoeducational Group Intervention Carried Out by Nurses for Patients with Depression and Physical Comorbidity in Primary Care: Randomized Clinical Trial. Int J Environ Res Public Health, 18(6). doi:10.3390/ijerph18062948

Rehm LP, Kornblith SJ, O'Hara MW, Lamparski DM, Romano JM, Volkin JI. An evaluation of major components in a self-control therapy program for depression. Behavior modification. 1981;5(4):459-89.

Reins, J. A., Boß, L., Lehr, D., Berking, M., & Ebert, D. D. (2019). The more I got, the less I need? Efficacy of Internet-based guided self-help compared to online psychoeducation for major depressive disorder. Journal of, 246, 695-705. doi:10.1016/j.jad.2018.12.065

Richards D, Timulak L, O'Brien E, Hayes C, Vigano N, Sharry J, et al. A randomized controlled trial of an internet-delivered treatment: Its potential as a low-intensity community intervention for adults with symptoms of depression. Behaviour Research and Therapy. 2015;75:20-31.

Richards SH, Dickens C, Anderson R, et al. Assessing the effectiveness of Enhanced Psychological Care for patients with depressive symptoms attending cardiac rehabilitation compared with treatment as usual (CADENCE): a pilot cluster randomised controlled trial. Trials 2018; 19(1).

Rief W, Bleichhardt G, Dannehl K, Euteneuer F, Wambach K. Comparing the Efficacy of CBASP with Two Versions of CBT for Depression in a Routine Care Center: a Randomized Clinical Trial. Psychotherapy and psychosomatics 2018;

Ritvo, P., Knyahnytska, Y., Pirbaglou, M., Wang, W., Tomlinson, G., Zhao, H., . . . Daskalakis, Z. (2021). Online Mindfulness-Based Cognitive Behavioral Therapy Intervention for Youth With Major Depressive Disorders: Randomized Controlled Trial. J Med Internet Res, 23(3), e24380. doi:10.2196/24380

Rizvi SJ, Zaretsky A, Schaffer A, Levitt A. Is immediate adjunctive CBT more beneficial than delayed CBT in treating depression?: A Pilot Study. Journal of Psychiatric Practice. 2015;21(2):107-13.

Rohan KJ, Roecklein KA, Lindsey KT, Johnson LG, Lippy RD, Lacy TJ, et al. A randomized controlled trial of cognitive-behavioral therapy, light therapy, and their combination for seasonal affective disorder. Journal of Consulting and Clinical Psychology. 2007;75(3):489-500.

Rohde P, Stice E, Shaw H, Gau JM. Pilot trial of a dissonance-based cognitive-behavioral group depression prevention with college students. Behaviour Research and Therapy. 2016;82:21-7.

Rohricht F, Papadopoulos N, Priebe S. An exploratory randomized controlled trial of body psychotherapy for patients with chronic depression. Journal of Affective Disorders. 2013;151(1):85-91.

Ross M, Scott M. An evaluation of the effectiveness of individual and group cognitive therapy in the treatment of depressed patients in an inner city health centre. The Journal of the Royal College of General Practitioners. 1985;35(274):239-42.

Rosso, I., Killgore, W., Olson, E., Webb, C., Fukunaga, R., Auerbach, R., . . . Rauch, S. (2017). Internet-based cognitive behavior therapy for major depressive disorder: a randomized controlled trial. Depress Anxiety, 34(3), 236-245.

Rude SS. Relative benefits of assertion or cognitive self-control treatment for depression as a function of proficiency in each domain. Journal of Consulting and Clinical Psychology. 1986;54(3):390-4.

Russell, A., Gaunt, D. M., Cooper, K., Barton, S., Horwood, J., Kessler, D., . . . et al. (2019). The feasibility of low-intensity psychological therapy for depression co-occurring with autism in adults: the Autism Depression Trial (ADEPT) â€“ a pilot randomised controlled trial. Autism. doi:10.1177/1362361319889272

Ruwaard J, Schrieken B, Schrijver M, Broeksteeg J, Dekker J, Vermeulen H, et al. Standardized web-based cognitive behavioural therapy of mild to moderate depression: A randomized controlled trial with a long-term follow-up. Cognitive Behaviour Therapy. 2009;38(4):206-21.

Ruzickova, T., Carson, J., Murphy, S., & Harmer, C. (2021). P.230 Effects of online behavioural activation on depression during covid-19. European neuropsychopharmacology, 44, S36-S37. doi:10.1016/j.euroneuro.2021.01.059
Safren SA, O'Cleirigh C, Tan JY, Raminani SR, Reilly LC, Otto MW, et al. A randomized controlled trial of cognitive behavioral therapy for adherence and depression (CBT-AD) in HIV-infected individuals. Health Psychology. 2009;28(1):1-10.
Safren SA, Gonzalez JS, Wexler DJ, Psaros C, Delahanty LM, Blashill AJ, et al. A randomized controlled trial of cognitive behavioral therapy for adherence and depression (CBT-AD) in patients with uncontrolled type 2 diabetes. Diabetes care. 2014;37(3):625-33.
Safren SA, Bedoya CA, O'Cleirigh C, Biello KB, Pinkston MM, Stein MD, et al. Cognitive behavioural therapy for adherence and depression in patients with HIV: A three-arm randomised controlled trial. The Lancet HIV. 2016;3(11):e529-e38.
Safren, S. A., O'Cleirigh, C., Andersen, L. S., Magidson, J. F., Lee, J. S., Bainter, S. A., . . . Joska, J. A. (2021). Treating depression and improving adherence in HIV care with task-shared cognitive behavioural therapy in Khayelitsha, South Africa: a randomized controlled trial. J Int AIDS Soc, 24(10), e25823. doi:10.1002/jia2.25823
Salamanca-Sanabria A, Richards D, Timulak L, et al. A culturally adapted cognitive behavioral internet-delivered intervention for depressive symptoms: Randomized controlled trial. JMIR Mental Health. 2020;7(1).
Saloheimo HP, Markowitz J, Saloheimo TH, Laitinen JJ, Sundell J, Huttunen MO, et al. Psychotherapy effectiveness for major depression: A randomized trial in a Finnish community. BMC psychiatry. 2016;16:131.
Sander LB, Paganini S, Terhorst Y, et al. Effectiveness of a Guided Web-Based Self-help Intervention to Prevent Depression in Patients with Persistent Back Pain: The PROD-BP Randomized Clinical Trial. JAMA Psychiatry. 2020;77(10):1001-1011.
Savard J, Simard S, Giguere I, Ivers H, Morin CM, Maunsell E, et al. Randomized clinical trial on cognitive therapy for depression in women with metastatic breast cancer: Psychological and immunological effects. Palliative and Supportive Care. 2006;4(3):219-37.
Savari, Y., Mohagheghi, H., & Petrocchi, N. (2021). A preliminary investigation on the effectiveness of compassionate mind training for students with major depressive disorder: A randomized controlled trial. Mindfulness, 12(5), 1159-1172. doi:10.1007/s12671-020-01584-3
Schlicker S, Baumeister H, Buntrock C, et al. A web- And mobile-based intervention for comorbid, recurrent depression in patients with chronic back pain on sick leave (get.back): Pilot randomized controlled trial on feasibility, user satisfaction, and effectiveness. JMIR Mental Health. 2020;7(4).
Schmidt MM, Miller WR. Amount of therapist contact and outcome in a multidimensional depression treatment program. Acta Psychiatrica Scandinavica. 1983;67(5):319-32.
Schramm E, Mack S, Thiel N, Jenkner C, Elsaesser M, Fangmeier T. Interpersonal psychotherapy vs treatment as usual for major depression related to work stress: A pilot randomized controlled study. Frontiers in Psychiatry. 2020;11.
Schulberg HC, Block MR, Madonia MJ, Scott CP, Rodriguez E, Imber SD, et al. Treating major depression in primary care practice. Eight-month clinical outcomes. Archives of General Psychiatry. 1996;53(10):913-9.
Schuster, R., Leitner, I., Carlbring, P., & Laireiter, A.-R. (2017). Exploring blended group interventions for depression: randomised controlled feasibility study of a blended computer- and multimedia-supported psychoeducational group intervention for adults with depressive symptoms. Internet Interventions, 8, 63-71.
Scogin F, Hamblin D, Beutler L. Bibliotherapy for depressed older adults: A self-help alternative. The Gerontologist. 1987;27(3):383-7.
Scogin F, Jamison C, Gochneaur K. Comparative efficacy of cognitive and behavioral bibliotherapy for mildly and moderately depressed older adults. Journal of Consulting and Clinical Psychology. 1989;57(3):403-7.
Scogin F, Lichstein K, DiNapoli EA, et al. Effects of integrated telehealth-delivered cognitive-behavioral therapy for depression and insomnia in rural older adults. Journal of psychotherapy integration 2018; 28(3): 292 – 309.
Scott MJ, Stradling SG. Group cognitive therapy for depression produces clinically significant reliable change in community-based settings. Behavioural Psychotherapy. 1990;18(01):1-19.
Scott AI, Freeman CP. Edinburgh primary care depression study: Treatment outcome, patient satisfaction, and cost after 16 weeks. BMJ. 1992;304(6831):883-7.

Scott C, Tacchi MJ, Jones R, Scott J. Acute and one-year outcome of a randomised controlled trial of brief cognitive therapy for major depressive disorder in primary care. The British Journal of Psychiatry. 1997;171:131-4.

Segre LS, Brock RL, O'Hara MW. Depression treatment for impoverished mothers by point-of-care providers: A randomized controlled trial. Journal of Consulting and Clinical Psychology. 2015;83(2):314-24.

Selmi PM, Klein MH, Greist JH, Sorrell SP, Erdman HP. Computer-administered cognitive-behavioral therapy for depression. American Journal of Psychiatry. 1990;147(1):51-6.

Serfaty MA, Haworth D, Blanchard M, Buszewicz M, Murad S, King M. Clinical effectiveness of individual cognitive behavioral therapy for depressed older people in primary care: A randomized controlled trial. Archives of General Psychiatry. 2009;66(12):1332-40.

Serfaty, M., King, M., Nazareth, I., Moorey, S., Aspden, T., Tookman, A., . . . Jones, L. (2019). Manualised cognitive and behavioural therapy in treating depression in advanced cancer: the CanTalk RCT. Health Technology Assessment, 23(19), 1 - 106. doi:10.3310/hta23190

Serrano Selva JP, Latorre Postigo JM, Ros Segura L, Navarro Bravo B, Aguilar Corcoles MJ, Nieto Lopez M, et al. Life review therapy using autobiographical retrieval practice for older adults with clinical depression. Psicothema. 2012;24(2):224-9.

Serrano JP, Latorre JM, Gatz M, Montanes J. Life review therapy using autobiographical retrieval practice for older adults with depressive symptomatology. Psychology and Aging. 2004;19(2):270-7.

Shaw BF. Comparison of cognitive therapy and behavior therapy in the treatment of depression. Journal of Consulting and Clinical Psychology. 1977;45(4):543.

Sheeber LB, Seeley JR, Feil EG, Davis B, Sorensen E, Kosty DB, et al. Development and pilot evaluation of an Internet-facilitated cognitive-behavioral intervention for maternal depression. Journal of Consulting and Clinical Psychology. 2012;80(5):739-49.

Sheeber, L., Feil, E., Seeley, J., Leve, C., Gau, J., Davis, B., . . . Allan, S. (2017). Mom-net: evaluation of an internet-facilitated cognitive behavioral intervention for low-income depressed mothers. Journal of Consulting and Clinical Psychology, 85(4), 355-366.

Shih, V. W. Y., Chan, W. C., Tai, O. K., Wong, H. L., Cheng, C. P. W., & Wong, C. S. M. (2021). Mindfulness-Based Cognitive Therapy for Late-Life Depression: a Randomised Controlled Trial. East Asian Arch Psychiatry, 31(2), 27-35. doi:10.12809/eaap2075

Sikander, S., Ahmad, I., Atif, N., Zaidi, A., Vanobberghen, F., Weiss, H. A., . . . Rahman, A. (2019). Delivering the Thinking Healthy Programme for perinatal depression through volunteer peers: a cluster randomised controlled trial in Pakistan. The Lancet Psychiatry, 6(2), 128-139. doi:10.1016/S2215-0366(18)30467-X

Simoni JM, Wiebe JS, Sauceda JA, Huh D, Sanchez G, Longoria V, et al. A preliminary RCT of CBT-AD for adherence and depression among HIV-positive Latinos on the U.S.-Mexico border: The Nuevo Dia study. AIDS and behavior. 2013;17(8):2816-29.

Simpson S, Corney R, Beecham J. A randomized controlled trial to evaluate the effectiveness and cost-effectiveness of psychodynamic counselling for general practice patients with chronic depression. Psychological Medicine. 2003;33(2):229-39.

Simson U, Nawarotzky U, Friese G, Porck W, Schottenfeld-Naor Y, Hahn S, et al. Psychotherapy intervention to reduce depressive symptoms in patients with diabetic foot syndrome. Diabetic Medicine. 2008;25(2):206-12.

Sinniah, A., Oei, T., Maniam, T., & Subramaniam, P. (2017). Positive effects of Individual Cognitive Behavior Therapy for patients with unipolar mood disorders with suicidal ideation in Malaysia: a randomised controlled trial. Psychiatry research, 254, 179-189.

Sirey, J. A., Solomonov, N., Guillod, A., Zanotti, P., Lee, J., Soliman, M., & Alexopoulos, G. S. (2021). PROTECT: a novel psychotherapy for late-life depression in elder abuse victims. Int Psychogeriatr, 33(5), 521-525. doi:10.1017/s1041610221000430

Smit A, Kluiter H, Conradi HJ, Meer K, Tiemens BG, Jenner JA, et al. Short-term effects of enhanced treatment for depression in primary care: Results from a randomized controlled trial. Psychological Medicine. 2006;36(1):15-26.

Smith, J., Newby, J. M., Burston, N., Murphy, M. J., Michael, S., Mackenzie, A., . . . Andrews, G. (2017). Help from home for depression: A randomised controlled trial comparing internet-delivered cognitive behaviour therapy with bibliotherapy for depression. Internet Interventions, 9, 25-37.

Songprakun W, McCann TV. Evaluation of a cognitive behavioural self-help manual for reducing depression: A randomized controlled trial. Journal of psychiatric and mental health nursing. 2012;19(7):647-53.

Spek V, Nyklicek I, Smits N, Cuijpers P, Riper H, Keyzer J, et al. Internet-based cognitive behavioural therapy for subthreshold depression in people over 50 years old: A randomized controlled clinical trial. Psychological Medicine. 2007;37(12):1797-806.

Spinelli MG, Endicott J. Controlled clinical trial of interpersonal psychotherapy versus parenting education program for depressed pregnant women. American Journal of Psychiatry. 2003;160(3):555-62.

Spinelli MG, Endicott J, Leon AC, Goetz RR, Kalish RB, Brustman LE, et al. A controlled clinical treatment trial of interpersonal psychotherapy for depressed pregnant women at 3 New York City sites. Journal of Clinical Psychiatry. 2013;74(4):393-9.

Spruill, T. M., Friedman, D., Diaz, L., Butler, M. J., Goldfeld, K. S., O'Kula, S., . . . Devinsky, O. (2021). Telephone-based depression self-management in Hispanic adults with epilepsy: a pilot randomized controlled trial. Transl Behav Med, 11(7), 1451-1460. doi:10.1093/tbm/ibab045

Sreevani R, Reddemma K, Chan CL, Leung PP, Wong V, Chan CH. Effectiveness of integrated body-mind-spirit group intervention on the well-being of Indian patients with depression: A pilot study. Journal of Nursing Research. 2013;21(3):179-86.

Stiles-Shields, C., Montague, E., Kwasny, M. J., & Mohr, D. C. (2019). Behavioral and cognitive intervention strategies delivered via coached apps for depression: Pilot trial. Psychological services, 16(2), 233-238. doi:10.1037/ser0000261

Strauss C, Hayward M, Chadwick P. Group person-based cognitive therapy for chronic depression: A pilot randomized controlled trial. British Journal of Clinical Psychology. 2012;51(3):345-50.

Strong V, Waters R, Hibberd C, Murray G, Wall L, Walker J, et al. Management of depression for people with cancer (SMaRT oncology 1): A randomised trial. Lancet. 2008;372(9632):40-8.

Sugg HVR, Richards DA, Frost J. Morita Therapy for depression (Morita Trial): a pilot randomised controlled trial. BMJ open 2018; 8(8).

Swartz HA, Frank E, Zuckoff A, Cyranowski JM, Houck PR, Cheng Y, et al. Brief interpersonal psychotherapy for depressed mothers whose children are receiving psychiatric treatment. American Journal of Psychiatry. 2008;165(9):1155-62.

Szumska I, Gola M, Rusanowska M, et al. Mindfulness-based cognitive therapy reduces clinical symptoms, but do not change frontal alpha asymmetry in people with major depression disorder. International Journal of Neuroscience. 2020.

Takagaki K, Okamoto Y, Jinnin R, Mori A, Nishiyama Y, Yamamura T, et al. Behavioral activation for late adolescents with subthreshold depression: A randomized controlled trial. European Child and Adolescent Psychiatry. 2016;25(11):1171-82.

Talbot NL, Chaudron LH, Ward EA, Duberstein PR, Conwell Y, O'Hara MW, et al. A randomized effectiveness trial of interpersonal psychotherapy for depressed women with sexual abuse histories. Psychiatric Services. 2011;62(4):374-80.

Taylor FG, Marshall WL. Experimental analysis of a cognitive-behavioral therapy for depression. Cognitive Therapy and Research. 1977;1(1):59-72.

Taylor CB, Conrad A, Wilhelm FH, Strachowski D, Khaylis A, Neri E, et al. Does improving mood in depressed patients alter factors that may affect cardiovascular disease risk? Journal of Psychiatric Research. 2009;43(16):1246-52.

Teasdale JD, Fennell MJ, Hibbert GA, Amies PL. Cognitive therapy for major depressive disorder in primary care. The British Journal of Psychiatry. 1984;144:400-6.

Teichman Y, Bar-el Z, Shor H, Sirota P, Elizur A. A comparison of two modalities of cognitive therapy (individual and marital) in treating depression. Psychiatry. 1995;58(2):136-48.

Teri L, Logsdon RG, Uomoto J, McCurry SM. Behavioral treatment of depression in dementia patients: A controlled clinical trial. The journals of gerontology Series B, Psychological sciences and social sciences. 1997;52(4):P159-66.

Thomas, S. A., Drummond, A. E., Lincoln, N. B., Palmer, R. L., das Nair, R., Latimer, N. R., . . . Topcu, G. (2019). Behavioural activation therapy for post-stroke depression: the BEADS feasibility RCT. Health Technol Assess, 23(47), 1-176. doi:10.3310/hta23470

Titov N, Andrews G, Davies M, McIntyre K, Robinson E, Solley K. Internet treatment for depression: A randomized controlled trial comparing clinician vs. technician assistance. PLoS One. 2010;5(6):e10939.

Titov N, Dear BF, Ali S, Zou JB, Lorian CN, Johnston L, et al. Clinical and cost-effectiveness of therapist-guided internet-delivered cognitive behavior therapy for older adults with symptoms of depression: A randomized controlled trial. Behavior Therapy. 2015;46(2):193-205.

Tobin, K., Davey-Rothwell, M. A., Nonyane, B. A. S., Knowlton, A., Wissow, L., & Latkin, C. A. (2017). RCT of an integrated CBT-HIV intervention on depressive symptoms and HIV risk.

Tomasino, K., Lattie, E., Ho, J., Palac, H., Kaiser, S., & Mohr, D. (2017). Harnessing Peer Support in an Online Intervention for Older Adults with Depression. American Journal of Geriatric Psychiatry, 25(10), 1109-1119.

Tong, P., Bu, P., Yang, Y., Dong, L., Sun, T., & Shi, Y. (2019). Group cognitive behavioural therapy can reduce stigma and improve treatment compliance in major depressive disorder patients. Early intervention in psychiatry. doi:10.1111/eip.12841

Tovote KA, Fleer J, Snippe E, Peeters A, Emmelkamp PMG, Sanderman R, et al. Individual mindfulness-based cognitive therapy and cognitive behavior therapy for treating depressive symptoms in patients with diabetes: Results of a randomized controlled trial. Diabetes care. 2014;37(9):2427-34.

Town, J., Abbass, A., Stride, C., & Bernier, D. (2017). A randomised controlled trial of Intensive Short-Term Dynamic Psychotherapy for treatment resistant depression: the Halifax Depression Study. Journal of Affective Disorders, 214, 15-25.

Trevillion K, Ryan EG, Pickles A, et al. An exploratory parallel-group randomised controlled trial of antenatal Guided Self-Help (plus usual care) versus usual care alone for pregnant women with depression: DAWN trial. Journal of Affective Disorders. 2020;261:187-197.

Tulbure BT, Andersson G, Salagean N, Pearce M, Koenig HG. Religious versus Conventional Internet-based Cognitive Behavioral Therapy for Depression. J Relig Health 2018; 57(5): 1634-48.

Turner RW, Ward MF, Turner DJ. Behavioral treatment for depression: An evaluation of therapeutic components. Journal of clinical psychology. 1979;35(1):166-75.

Turner A, Hambridge J, Baker A, Bowman J, McElduff P. Randomised controlled trial of group cognitive behaviour therapy versus brief intervention for depression in cardiac patients. Australian and New Zealand Journal of Psychiatry. 2013;47(3):235-43.

Tyson GM, Range LM. Gestalt dialogues as a treatment for mild depression: Time works just as well. Journal of clinical psychology. 1987;43(2):227-31.

Unlu Ince B, Cuijpers P, t Hof E, Ballegooijen W, Christensen H, Riper H. Internet-based, culturally sensitive, problem-solving therapy for Turkish migrants with depression: Randomized controlled trial. Journal of Medical Internet Research. 2013;15(10):e227.

van Bastelaar KM, Pouwer F, Cuijpers P, Riper H, Snoek FJ. Web-based depression treatment for type 1 and type 2 diabetic patients: A randomized, controlled trial. Diabetes care. 2011;34(2):320-5.

Van Lieshout, R. J., Layton, H., Savoy, C. D., Brown, J. S. L., Ferro, M. A., Streiner, D. L., . . . Hanna, S. (2021). Effect of Online 1-Day Cognitive Behavioral Therapy-Based Workshops Plus Usual Care vs Usual Care Alone for Postpartum Depression: A Randomized Clinical Trial. JAMA Psychiatry, 78(11), 1200-1207. doi:10.1001/jamapsychiatry.2021.2488

van Schaik A, van Marwijk H, Adèr H, van Dyck R, de Haan M, Penninx B, et al. Interpersonal psychotherapy for elderly patients in primary care. The American Journal of Geriatric Psychiatry. 2006;14(9):777-86.

Vázquez González FL, Otero Otero P, Torres Iglesias A, Hermida Garcìa E, Blanco Seoane V, Dìaz Fernández O. A brief problem-solving indicated-prevention intervention for prevention of depression in nonprofessional caregivers. Psicothema. 2013;25(1):87-92.

Vázquez, F. L., Torres, Á., Otero, P., Blanco, V., Díaz, O., & Estévez, L. E. (2017). Analysis of the components of a cognitive-behavioral intervention administered via conference call for preventing depression among non-professional caregivers: A pilot study. Aging Ment Health, 21(9), 938-946.

Vázquez FL, López L, Torres Á J, et al. Analysis of the Components of a Cognitive-Behavioral Intervention for the prevention of Depression Administered via Conference Call to Nonprofessional Caregivers: A Randomized Controlled Trial. Int J Environ Res Public Health. 2020;17(6).

Verduyn C, Barrowclough C, Roberts J, Tarrier N, Harrington R. Maternal depression and child behaviour problems: Randomised placebo-controlled trial of a cognitive-behavioural group intervention. British Journal of Psychiatry. 2003;183(OCT.):342-8.

Vernmark K, Lenndin J, Bjärehed J, Carlsson M, Karlsson J, Oberg J, et al. Internet administered guided self-help versus individualized e-mail therapy: A randomized trial of two versions of CBT for major depression. Behaviour Research and Therapy. 2010;48(5):368-76.

Vigod, S. N., Slyfield Cook, G., Macdonald, K., Hussain-Shamsy, N., Brown, H. K., de Oliveira, C., . . . Dennis, C.-L. (2021). Mother matters: Pilot randomized wait‐list controlled trial of an online therapist‐facilitated discussion board and support group for postpartum depression symptoms. Depress Anxiety, 38(8), 816-825. doi:10.1002/da.23163

Vitriol VG, Ballesteros ST, Florenzano RU, Weil KP, Benadof DF. Evaluation of an outpatient intervention for women with severe depression and a history of childhood trauma. Psychiatric Services. 2009;60(7):936-42.

Warmerdam L, Straten A, Twisk J, Riper H, Cuijpers P. Internet-based treatment for adults with depressive symptoms: Randomized controlled trial. Journal of Medical Internet Research. 2008;10(4):e44.

Watkins ER, Taylor RS, Byng R, Baeyens C, Read R, Pearson K, et al. Guided self-help concreteness training as an intervention for major depression in primary care: A Phase II randomized controlled trial. Psychological Medicine. 2012;42(7):1359-71.

Watt LM, Cappeliez P. Integrative and instrumental reminiscence therapies for depression in older adults: Intervention strategies and treatment effectiveness. Aging and Mental Health. 2000;4(2):166-77.

Weissman MM, Prusoff BA, Dimascio A, Neu C, Goklaney M, Klerman GL. The efficacy of drugs and psychotherapy in the treatment of acute depressive episodes. American Journal of Psychiatry. 1979;136(4b):555-8.

Westerhof, G. J., Lamers, S. M. A., Postel, M. G., & Bohlmeijer, E. T. (2019). Online Therapy for Depressive Symptoms: An Evaluation of Counselor-Led and Peer-Supported Life Review Therapy. The Gerontologist, 59(1), 135-146. doi:10.1093/geront/gnx140

Wickberg B, Hwang CP. Counselling of postnatal depression: A controlled study on a population based Swedish sample. Journal of Affective Disorders. 1996;39(3):209-16.

Wiersma JE, Schaik DJF, Hoogendorn AW, Dekker JJ, Van HL, Schoevers RA, et al. The effectiveness of the cognitive behavioral analysis system of psychotherapy for chronic depression: A randomized controlled trial. Psychotherapy and Psychosomatics. 2014;83(5):263-9.

Wiklund I, Mohlkert P, Edman G. Evaluation of a brief cognitive intervention in patients with signs of postnatal depression: A randomized controlled trial. Acta obstetricia et gynecologica Scandinavica. 2010;89(8):1100-4.

Williams JW, Barrett J, Oxman T, Frank E, Katon W, Sullivan M, et al. Treatment of dysthymia and minor depression in primary care: A randomized controlled trial in older adults. JAMA. 2000;284(12):1519-26.

Williams AD, Blackwell SE, Mackenzie A, Holmes EA, Andrews G. Combining imagination and reason in the treatment of depression: A randomized controlled trial of internet-based cognitive-bias modification and internet-CBT for depression. Journal of Consulting and Clinical Psychology. 2013;81(5):793-9.

Williams C, Wilson P, Morrison J, McMahon A, Andrew W, Allan L, et al. Guided self-help cognitive behavioural therapy for depression in primary care: A randomised controlled trial. PLoS One. 2013;8(1):e52735.

Williams C, McClay CA, Matthews L, et al. Community-based group guided self-help intervention for low mood and stress: Randomised controlled trial. British Journal of Psychiatry 2018; 212(2): 88-95.

Wilson PH, Goldin JC, Charbonneau-Powis M. Comparative efficacy of behavioral and cognitive treatments of depression. Cognitive Therapy and Research. 1983;7(2):111-24.

Wollersheim JP, Wilson GL. Group treatment of unipolar depression: A comparison of coping, supportive, bibliotherapy, and delayed treatment groups. Professional Psychology: Research and Practice. 1991;22(6):496.

Wong DF. Cognitive and health-related outcomes of group cognitive behavioural treatment for people with depressive symptoms in Hong Kong: Randomized wait-list control study. Australian and New Zealand Journal of Psychiatry. 2008;42(8):702-11.

Wong DF. Cognitive behavioral treatment groups for people with chronic depression in Hong Kong: A randomized wait-list control design. Depression and anxiety. 2008;25(2):142-8.

Wong SYS, Sun YY, Chan ATY, et al. Treating Subthreshold Depression in Primary Care: a Randomized Controlled Trial of Behavioral Activation With Mindfulness. Annals of family medicine 2018; 16(2): 111 – 9.

Wright JH, Wright AS, Albano AM, Basco MR, Goldsmith LJ, Raffield T, et al. Computer-assisted cognitive therapy for depression: Maintaining efficacy while reducing therapist time. American Journal of Psychiatry. 2005;162(6):1158-64.

Wuthrich VM, Rapee RM. Randomised controlled trial of group cognitive behavioural therapy for comorbid anxiety and depression in older adults. Behaviour Research and Therapy. 2013;51(12):779-86.

Wuthrich VM, Rapee RM, Kangas M, Perini S. Randomized controlled trial of group cognitive behavioral therapy compared to a discussion group for co-morbid anxiety and depression in older adults. Psychological Medicine. 2016;46(4):785-95.

Xie, J., He, G., Ding, S., Pan, C., Zhang, X., Zhou, J., & Iennaco, J. D. (2019). A randomized study on the effect of modified behavioral activation treatment for depressive symptoms in rural left-behind elderly. Psychotherapy research : journal of the Society for Psychotherapy Research, 29(3), 372-382. doi:10.1080/10503307.2017.1364444

Yang X, Zhao J, Chen Y, Zu S, Zhao J. Comprehensive self-control training benefits depressed college students: a six-month randomized controlled intervention trial. Journal of affective disorders 2018; 226: 251 – 60.

Yeung, A., Wang, F., Feng, F., Zhang, J., Cooper, A., Hong, L., . . . Fava, M. (2017). Outcomes of an online computerized cognitive behavioral treatment program for treating chinese patients with depression: A pilot study. Asian journal of psychiatry. doi:10.1016/j.ajp.2017

Yuan J, Yin Y, Tang X, et al. Culturally adapted and lay-delivered cognitive behaviour therapy for older adults with depressive symptoms in rural China: a pilot trial. Behavioural and cognitive psychotherapy. 2020:1-5.

Zemestani M, Mozaffari S. Acceptance and commitment therapy for the treatment of depression in persons with physical disability: a randomized controlled trial. Clin Rehabil. 2020;34(7):938-947.

Zemestani M, Davoodi I, Honarmand MM, Zargar Y, Ottaviani C. Comparative effects of group metacognitive therapy versus behavioural activation in moderately depressed students. Journal of Mental Health. 2016;25(6):479-85.

Zemestani, M., & Fazeli Nikoo, Z. (2019). Effectiveness of mindfulness-based cognitive therapy for comorbid depression and anxiety in pregnancy: a randomized controlled trial. Archives of Women's Mental Health. doi:10.1007/s00737-019-00962-8

Zhao, Y., Munro-Kramer, M. L., Shi, S., Wang, J., & Zhao, Q. (2019). Effects of antenatal depression screening and intervention among Chinese high-risk pregnant women with medically defined complications: A randomized controlled trial. Early intervention in psychiatry, 13(5), 1090-1098. doi:10.1111/eip.12731

Zhao, Y., Lin, Q., & Wang, J. (2021). An evaluation of a prenatal individualised mixed management intervention addressing breastfeeding outcomes and postpartum depression: A ramdomised controlled trial. J Clin Nurs, 30(9-10), 1347-1359. doi:10.1111/jocn.15684

Zu S, Xiang Y-T, Liu J, Zhang L, Wang G, Ma X, et al. A comparison of cognitive-behavioral therapy, antidepressants, their combination and standard treatment for Chinese patients with moderate–severe major depressive disorders. Journal of Affective Disorders. 2014;152-154:262-7.

附录 4 纳入研究的基本信息

Metapsy | Psychotherapy for Depression

Study	Hedges' g	Standard Error	Year	N	Age Category	Target Group	Comorbid Disorder
Aagaard, 2017	0	0.23	2017	75	Adults	Adults	no
Abas, 2018	0.63	0.35	2018	28	Adults	Comorbid Medical Disorder	no
Ahmadpanah, 2016	1.78	0.43	2016	30	Adults	Comorbid Medical Disorder	no
Ahmadpanah, 2016	1.57	0.42	2016	30	Adults	Comorbid Medical Disorder	no
Alexopoulos, 2016	-0.22	0.17	2016	171	Older Adults (≥75 years)	Comorbid Medical Disorder	no
Alfonso, 2009	2.36	0.31	2009	60	Older Adults (≥55 years)	Older Adults	no
Alhusen, 2021	1.46	0.29	2021	120	Adults	Perinatal Depression	no
Allart van Dam, 2003	0.57	0.21	2003	102	Adults	Adults	no
Amani, 2021	1.31	0.36	2021	111	Adults	Perinatal Depression	no
Ammerman, 2013	0.87	0.19	2013	93	Adults	Perinatal Depression	no
Andersson, 2005	0.87	0.21	2005	85	Adults	Adults	no
Araya, 2021	0.4	0.11	2021	432	Adults	Comorbid Medical Disorder	no
Araya, 2021	0.27	0.08	2021	880	Adults	Comorbid Medical Disorder	no
Arean, 1993	0.92	0.3	1993	39	Older Adults (≥55 years)	Older Adults	no
Arean, 1993	0.45	0.25	199	48	Older Adults (≥55	Older Adults	no

			3		years)		
Arjadi, 2018	0.39	0.11	2018	313	Adults	Adults	no
Ayen, 2004	3.55	0.61	2004	21	Adults	Other	no
Ayen, 2004	1.91	0.39	2004	30	Adults	Other	no
Barber, 2012	0.1	0.25	2012	101	Adults	Adults	no
Barnhofer, 2009	0.92	0.38	2009	31	Adults	Adults	no
Barrett, 2001	0.27	0.26	2001	73	Adults	Adults	no
Baumeister, 2021	0.31	0.12	2021	418	Adults	Comorbid Medical Disorder	no
Baumgartner, 2021	0.32	0.09	2021	910	Adults	Adults	yes
Baumgartner, 2021	0.28	0.09	2021	936	Adults	Adults	yes
Beach, 1992	1.34	0.41	1992	30	Adults	Other	no
Beach, 1992	1	0.39	1992	30	Adults	Other	no
Bedard, 2014	0.35	0.2	2014	75	Adults	Comorbid Medical Disorder	no
Beeber, 2010	0.77	0.25	2010	71	Adults	Other	no
Bendig, 2021	0.32	0.35	2021	68	Adults	Comorbid Medical Disorder	no
Berger, 2011	1.13	0.3	2011	51	Adults	Adults	no
Berger, 2011	0.65	0.29	2011	51	Adults	Adults	no
Beutel, 2014	0.52	0.19	2014	156	Adults	Comorbid Medical Disorder	no

Boele, 2018	0.61	0.29	2018	53	Adults	Comorbid Medical Disorder	no
Boeschoten, 2017	0.08	0.16	2017	152	Adults	Comorbid Medical Disorder	no
Bohlmeijer, 2011	0.6	0.21	2011	93	Adults	Adults	no
Bolton, 2003	1.32	0.13	2003	284	Adults	Adults	no
Bower, 2021	0.14	0.14	2021	332	Adults	Comorbid Medical Disorder	no
Bowman, 1995	1.26	0.44	1995	20	Adults	Adults	no
Bowman, 1995	0.95	0.42	1995	20	Adults	Adults	no
Braun, 2021	0.28	0.11	2021	700	Adults	Other	no
Brown, 1984	0.41	0.33	1984	36	Adults	Adults	no
Brown, 1984	0.43	0.36	1984	25	Adults	Adults	no
Brown, 1984	0.32	0.37	1984	24	Adults	Adults	no
Buhrman, 2015	0.3	0.28	2015	52	Adults	Comorbid Medical Disorder	yes
Buntrock, 2015	0.66	0.1	2015	406	Adults	Adults	no
Burmaoglu, 2021	0.46	0.37	2021	60	Adults	Other	no
Burmaoglu, 2021	0.26	0.37	2021	60	Adults	Other	no
Burns, 2007	0.4	0.22	2007	104	Older Adults (≥75 years)	Comorbid Medical Disorder	no
Burns, 2013	0.93	0.34	2013	29	Adults	Perinatal Depression	no
Carlbring, 2013	0.74	0.21	2013	80	Adults	Adults	no

Carr, 2017	0.34	0.19	2017	82	Adults	Adults	no
Carta, 2012	0.25	0.25	2012	64	Adults	Adults	no
Casanas, 2012	0.29	0.13	2012	231	Adults	Adults	no
Castonguay, 2004	1.74	0.46	2004	21	Adults	Adults	no
Chan, 2012	0.92	0.35	2012	33	Adults	Adults	no
Chan, 2012	0.99	0.34	2012	33	Adults	Adults	no
Chan, 2013	1.43	0.44	2013	26	Older Adults (≥55 years)	Older Adults	no
Chen, 2000	0.6	0.3	2000	60	Adults	Perinatal Depression	no
Chesney, 2003	0.09	0.19	2003	87	Adults	Comorbid Medical Disorder	no
Chiang, 2015	3.91	0.4	2015	62	Adults	Adults	no
Cho, 2008	1.04	0.46	2008	22	Adults	Perinatal Depression	no
Choi, 2012	0.52	0.22	2012	63	Adults	Other	no
Choi, 2014	0.5	0.3	2014	62	Older Adults (≥55 years)	Older Adults	no
Choi, 2014	0.3	0.3	2014	62	Older Adults (≥55 years)	Older Adults	no
Choi, 2020b	1.05	0.16	2020	383	Older Adults (≥55 years)	Other	no
Choi, 2020b	0.65	0.15	2020	381	Older Adults (≥55 years)	Other	no
Chowdhary, 2016	0.45	0.28	2016	55	Adults	Adults	no
Choy, 2016	0.99	0.24	2016	81	Older Adults (≥75 years)	Older Adults	no

Clark, 2003	0.6	0.41	2003	20	Adults	Perinatal Depression	no
Clark, 2003	0.47	0.36	2003	26	Adults	Perinatal Depression	no
Clark, 2008	1.09	0.4	2008	29	Adults	Perinatal Depression	no
Cohen, 2010	0.53	0.33	2010	30	Adults	Other	no
Cooper, 2003	0.53	0.21	2003	95	Adults	Perinatal Depression	no
Cooper, 2003	0.43	0.21	2003	92	Adults	Perinatal Depression	no
Cooper, 2003	0.26	0.2	2003	97	Adults	Perinatal Depression	no
Cramer, 2011	0.25	0.27	2011	67	Adults	Other	no
D'Elia, 2020	1.45	0.58	2020	36	Adults	Adults	no
Davoudi, 2020	0.71	0.33	2020	90	Older Adults (≥55 years)	Comorbid Medical Disorder	no
De Groot, 2019	0.87	0.29	2019	53	Older Adults (≥55 years)	Comorbid Medical Disorder	no
De Groot, 2019	0.62	0.29	2019	52	Older Adults (≥55 years)	Comorbid Medical Disorder	no
De Jong, 2018	0.06	0.3	2018	40	Adults	Comorbid Medical Disorder	no
Dekker, 2012	0.42	0.32	2012	41	Older Adults (≥55 years)	Comorbid Medical Disorder	no
Dennis, 2020	1.07	0.15	2020	444	Adults	Perinatal Depression	no
DeRubeis, 2005	0.45	0.22	2005	120	Adults	Adults	no
Desautels, 2017	1.06	0.33	2018	36	Older Adults (≥55 years)	Comorbid Medical Disorder	no
Dimidjian, 2006	0.93	0.22	2006	79	Adults	Adults	no

Dimidjian, 2006	0.65	0.2	2006	85	Adults	Adults	no
Dimidjian, 2017	0.33	0.17	2017	138	Adults	Perinatal Depression	no
Dindo, 2012	1.15	0.31	2012	45	Adults	Comorbid Medical Disorder	no
Dindo, 2019	0.29	0.2	2019	103	Adults	Comorbid Medical Disorder	no
Dobkin, 2011	1.13	0.22	2011	80	Older Adults (≥55 years)	Comorbid Medical Disorder	no
Dobkin, 2020	1.01	0.23	2020	144	Older Adults (≥55 years)	Comorbid Medical Disorder	no
Dobkin, 2021	0.91	0.2	2021	180	Adults	Comorbid Medical Disorder	no
Doering, 2013	1.15	0.29	2013	81	Older Adults (≥55 years)	Comorbid Medical Disorder	no
Dong, 2019	2.2	0.24	2019	90	Older Adults (≥55 years)	Comorbid Medical Disorder	no
Duarte, 2009	0.81	0.2	2009	85	Adults	Comorbid Medical Disorder	no
Dwight-Johnson, 2011	1.76	0.21	2011	101	Adults	Other	no
Ebert, 2014	0.69	0.17	2014	150	Adults	Other	no
Ebert, 2018	0.51	0.12	2018	204	Adults	Adults	no
Ede, 2020	0.69	0.16	2020	324	Adults	Student population	no
Ekers, 2011	1.15	0.36	2011	38	Adults	Adults	no
Ekkers, 2011	1.06	0.2	2011	92	Older Adults (≥55 years)	Older Adults	no
Elkin, 1989	0.36	0.16	1989	123	Adults	Adults	no
Elkin, 1989	0.23	0.16	1989	121	Adults	Adults	no

Embling, 2002	2.47	0.43	2002	38	Adults	Adults	no
Eseadi, 2018	9.56	1.32	2018	30	Adults	Other	no
Euteneuer, 2017	0.77	0.26	2017	64	Adults	Adults	no
Euteneuer, 2017	0.71	0.26	2017	64	Adults	Adults	no
Evans, 1995	0.94	0.28	1995	45	Adults	Comorbid Medical Disorder	no
Evans, 1995	0.59	0.26	1995	51	Adults	Comorbid Medical Disorder	no
Fann, 2015	0.11	0.25	2015	60	Adults	Comorbid Medical Disorder	no
Fann, 2015	0.14	0.2	2015	82	Adults	Comorbid Medical Disorder	no
Faramarzi, 2008	1.72	0.31	2008	59	Adults	Other	no
Fledderus, 2012	0.89	0.13	2012	251	Adults	Adults	no
Fledderus, 2012	0.73	0.13	2012	251	Adults	Adults	no
Floyd, 2004	1.49	0.45	2004	22	Older Adults (≥55 years)	Older Adults	no
Floyd, 2004	0.75	0.36	2004	27	Older Adults (≥55 years)	Older Adults	no
Flygare, 2020	0.23	0.21	2020	170	Adults	Adults	no
Folke, 2012	0.66	0.35	2012	34	Adults	Other	no
Fonagy, 2015	0.33	0.18	2015	97	Adults	Adults	no
Forand, 2018	1.58	0.24	2018	81	Adults	Adults	no
Forsell, 2017	0.81	0.3	2017	39	Adults	Perinatal Depression	no

Frangou, 2021	-0.07	0.24	2021	174	Older Adults (≥55 years)	Comorbid Medical Disorder	no
Freedland, 2009	0.89	0.21	2009	81	Older Adults (≥55 years)	Comorbid Medical Disorder	no
Freedland, 2009	0.47	0.2	2009	82	Older Adults (≥55 years)	Comorbid Medical Disorder	no
Freedland, 2015	0.61	0.14	2015	158	Older Adults (≥55 years)	Comorbid Medical Disorder	no
Fry, 1983	3.17	0.29	1983	108	Older Adults (≥55 years)	Older Adults	no
Fry, 1983	1.73	0.23	1983	108	Older Adults (≥55 years)	Older Adults	no
Fuhr, 2019	0.21	0.13	2019	251	Adults	Perinatal Depression	no
Funderburk, 2021	0.22	0.17	2021	280	Adults	Other	no
Furukawa, 2012	0.67	0.17	2012	118	Adults	Other	no
Garcia-Pena, 2015	0.6	0.26	2015	81	Older Adults (≥55 years)	Older Adults	no
Gawrysiak, 2009	1.66	0.43	2009	30	Adults	Student population	no
Gellis, 2008	1.4	0.27	2008	62	Older Adults (≥75 years)	Comorbid Medical Disorder	no
Gellis, 2010	0.83	0.31	2010	36	Older Adults (≥75 years)	Comorbid Medical Disorder	no
Geraedts, 2014	0.25	0.13	2014	231	Adults	Other	no
Ghorbani, 2021	4.5	0.6	2021	80	Adults	Comorbid Medical Disorder	yes
Gibbons, 2012	-0.12	0.33	2012	29	Adults	Adults	no
Gitlin, 2013	0.46	0.13	2013	208	Older Adults (≥55 years)	Older Adults	no
Goodman, 2015	0.03	0.31	2015	42	Adults	Perinatal Depression	no

Greenberg, 2018	1.08	0.37	2018	28	Adults	Adults	no
Grote, 2009	1.25	0.27	2009	53	Adults	Perinatal Depression	no
Hagen, 2017	2.47	0.43	2017	39	Adults	Adults	no
Hallford, 2016	1.25	0.43	2016	26	Adults	Other	no
Hallgren, 2015	0.32	0.09	2015	491	Adults	Adults	no
Hamamci, 2006	1.41	0.49	2006	21	Adults	Student population	no
Hamamci, 2006	1.4	0.49	2006	21	Adults	Student population	no
Hamdan-Mansour, 2009	0.63	0.22	2009	84	Adults	Student population	no
Han, 2020	0.77	0.32	2020	83	Adults	Adults	no
Han, 2020	0.61	0.32	2020	83	Adults	Adults	no
Haringsma, 2006	0.45	0.17	2005	110	Older Adults (≥55 years)	Older Adults	no
Harley, 2008	0.84	0.43	2008	19	Adults	Adults	no
Harrer, 2021	0.36	0.14	2021	400	Adults	Student population	no
Hassiotis, 2013	0.02	0.37	2013	30	Adults	Other	no
Hautzinger, 2004	0.84	0.19	2004	100	Older Adults (≥55 years)	Older Adults	no
Hayman, 1980	0.47	0.39	1980	28	Adults	Adults	no
He, 2019	0.43	0.25	2019	142	Adults	Adults	no
Heckman, 2011	0.38	0.15	2011	190	Older Adults (≥55 years)	Comorbid Medical Disorder	no

Heckman, 2011	0.25	0.15	2011	191	Older Adults (≥55 years)	Comorbid Medical Disorder	no
Heckman, 2013	0.46	0.13	2013	243	Older Adults (≥55 years)	Comorbid Medical Disorder	no
Heckman, 2013	0	0.13	2013	239	Older Adults (≥55 years)	Comorbid Medical Disorder	no
Heckman, 2017	1.15	0.43	2017	132	Adults	Comorbid Medical Disorder	no
Hegerl, 2010	0.92	0.33	2010	93	Adults	Adults	no
Hemanny, 2019	1.29	0.27	2019	52	Adults	Adults	no
Hemanny, 2019	1.26	0.28	2019	50	Adults	Adults	no
Hermanns, 2015	0.2	0.13	2015	181	Adults	Comorbid Medical Disorder	no
Herrmann-Lingen, 2016	0	0.08	2016	569	Older Adults (≥55 years)	Comorbid Medical Disorder	no
Hoifodt, 2013	0.71	0.18	2013	106	Adults	Adults	no
Holden, 1989	0.72	0.33	1989	50	Adults	Perinatal Depression	no
Honey, 2002	0.36	0.3	2002	45	Adults	Perinatal Depression	no
Horrell, 2014	0.51	0.1	2014	382	Adults	Adults	no
Hou, 2014	0.71	0.14	2014	213	Adults	Perinatal Depression	no
Hsiao, 2014	-0.55	0.24	2014	74	Adults	Adults	yes
Huang, 2016	1.95	0.31	2016	61	Older Adults (≥55 years)	Comorbid Medical Disorder	no
Hum, 2019	0.04	0.27	2019	39	Adults	Comorbid Medical Disorder	no
Hummel, 2017	1.35	0.16	2017	143	Older Adults (≥75 years)	Comorbid Medical Disorder	no

Hunter, 2012	0.42	0.3	2012	64	Adults	Other	yes
Husain, 2017	0.88	0.13	2017	219	Adults	Perinatal Depression	no
Husain, 2021a	1.45	0.07	2021	###	Adults	Perinatal Depression	no
Husain, 2021b	2.53	0.25	2021	204	Adults	Perinatal Depression	no
Jalali, 2019	0.97	0.33	2019	42	Adults	Other	no
Jamison, 1995	1.54	0.24	1995	72	Adults	Adults	no
Jarrett, 1999	0.58	0.22	1999	72	Adults	Adults	no
Jelinek, 2016	0.45	0.23	2016	60	Adults	Adults	no
Jesse, 2015	0.34	0.25	2015	56	Adults	Perinatal Depression	no
Jiang, 2014	1.05	0.08	2014	771	Adults	Perinatal Depression	no
Johansson, 2012a	0.96	0.19	2012	92	Adults	Adults	no
Johansson, 2012b	0.81	0.22	2012	75	Adults	Adults	no
Johansson, 2012b	0.56	0.21	2012	73	Adults	Adults	no
Johansson, 2019	1.56	0.28	2019	54	Adults	Adults	no
Johnson, 2012	0.67	0.33	2012	38	Adults	Other	yes
Johnson, 2019	0.19	0.13	2019		Adults	Other	no
Joling, 2011	0.1	0.15	2011	170	Older Adults (≥75 years)	Older Adults	no
Jordans, 2019	0.41	0.18	2019	120	Adults	Adults	no

Kamga, 2017	0.43	0.24	2017	70	Older Adults (≥75 years)	Comorbid Medical Disorder	no
Kanter, 2015	0.13	0.27	2015	43	Adults	Other	no
Keeley, 2016	0.4	0.16	2016	168	Adults	Adults	no
Kelly, 1993	1.01	0.31	1993	41	Adults	Comorbid Medical Disorder	no
Kelly, 1993	0.5	0.25	1993	54	Adults	Comorbid Medical Disorder	no
Kenter, 2016	-0.07	0.12	2016	269	Adults	Adults	no
Kessler, 2009	0.61	0.14	2009	210	Adults	Adults	no
Khoshbooii, 2021	3.13	0.47	2021	90	Adults	Other	no
Khoshbooii, 2021	3.05	0.45	2021	92	Adults	Other	no
Kim, 2018	0.81	0.24	2018	60	Adults	Comorbid Medical Disorder	no
King, 2000	0.49	0.18	2000	134	Adults	Adults	no
King, 2000	0.34	0.18	2000	130	Adults	Adults	no
Kivi, 2014	-0.16	0.26	2014	79	Adults	Adults	no
Kleiboer, 2015	0.39	0.12	2015	212	Adults	Adults	no
Kleiboer, 2015	0.22	0.12	2015	214	Adults	Adults	no
Kleiboer, 2015	0.17	0.12	2015	213	Adults	Adults	no
Kleiboer, 2015	0.15	0.12	2015	216	Adults	Adults	no
Korrelboom, 2012	0.79	0.27	2012	61	Adults	Adults	no

Korte, 2012	0.51	0.14	2012	202	Older Adults (≥55 years)	Older Adults	no
Kramer, 2021	0.52	0.17	2021	272	Adults	Adults	no
Laidlaw, 2008	0.42	0.27	2008	40	Older Adults (≥55 years)	Older Adults	no
Lamers, 2010	0.26	0.13	2010	236	Older Adults (≥55 years)	Comorbid Medical Disorder	no
Lamers, 2015	0.34	0.19	2015	116	Older Adults (≥55 years)	Adults	no
Landreville, 1997	0.3	0.36	1997	23	Older Adults (≥55 years)	Older Adults	no
Lappalainen, 2015	0.62	0.33	2015	38	Adults	Adults	no
Larcombe, 1984	2.64	0.58	1984	19	Adults	Comorbid Medical Disorder	no
Lee, 2021	0.46	0.3	2021	102	Adults	Adults	no
Lemma, 2013	-0.12	0.5	2013	16	Adults	Adults	no
Lemma, 2013	-0.27	0.5	2013	16	Adults	Adults	no
Lenze, 2017	-0.41	0.31	2017	42	Adults	Perinatal Depression	no
Lenze, 2020	-0.14	0.37	2020	72	Adults	Perinatal Depression	no
Lerner, 2015	0.6	0.1	2015	380	Older Adults (≥55 years)	Other	no
Leung, 2013	0.29	0.18	2013	97	Adults	Perinatal Depression	no
Leung, 2016	0.15	0.14	2016	164	Adults	Perinatal Depression	no
Lexis, 2011	0.28	0.15	2011	139	Adults	Other	no
Liang, 2021	0.55	0.25	2021	104	Adults	Student population	yes

Linde, 2011	0.15	0.14	2011	203	Adults	Other	no
Liu, 2009	0.29	0.28	2009	52	Adults	Adults	no
Liu, 2021	1.47	0.13	2021	488	Adults	Perinatal Depression	no
Lloyd-Williams, 2018	0.13	0.35	2018	34	Older Adults (≥55 years)	Comorbid Medical Disorder	no
Lok, 2019	1.76	0.31	2019	60	Older Adults (≥55 years)	Comorbid Medical Disorder	no
Losada, 2015	0.92	0.22	2015	93	Older Adults (≥55 years)	Other	no
Losada, 2015	0.78	0.22	2015	90	Older Adults (≥55 years)	Other	no
Lovell, 2008	0.19	0.28	2008	41	Adults	Adults	no
Lund, 2019	0.04	0.12	2019	288	Adults	Perinatal Depression	no
Lundgren, 2016	0.27	0.28	2016	50	Older Adults (≥55 years)	Comorbid Medical Disorder	no
Lustman, 1998	0.85	0.33	1998	51	Older Adults (≥55 years)	Comorbid Medical Disorder	no
Lynch, 1997	0.93	0.43	1997	24	Adults	Adults	no
Lynch, 2004	0.03	0.38	2004	20	Adults	Adults	no
Lynch, 2019	0.44	0.14	2019	183	Adults	Adults	no
MacLean, 2020	0.17	0.21	2020	188	Adults	Adults	no
MacPherson, 2013	0.23	0.1	2013	364	Adults	Adults	no
Mahmoodi, 2021	1.33	0.35	2021	91	Adults	Adults	yes
Mahmoodi, 2021	1.14	0.34	2021	92	Adults	Adults	yes

Maina, 2005	1.15	0.49	2005	20	Adults	Adults	no
Maina, 2005	1.09	0.48	2005	20	Adults	Adults	no
Malouff, 1988	1.37	0.38	1988	28	Adults	Other	no
Malouff, 1988	1.18	0.36	1988	29	Adults	Other	no
Martin, 2015	1.38	0.31	2015	44	Adults	Comorbid Medical Disorder	no
Matsuzaka, 2017	0.02	0.2	2017	79	Adults	Adults	no
McClay, 2015	0.85	0.45	2015	22	Adults	Adults	no
McCusker, 2021	0.66	0.13	2021	490	Older Adults (≥55 years)	Comorbid Medical Disorder	no
McIndoo, 2016	1.18	0.36	2016	30	Adults	Student population	no
McIndoo, 2016	0.88	0.33	2016	34	Adults	Student population	no
McKee, 2006	0.07	0.31	2006	41	Adults	Perinatal Depression	no
Mennen, 2021	0.39	0.19	2021	238	Adults	Perinatal Depression	no
Michalak, 2015	0.64	0.24	2015	60	Adults	Adults	no
Michalak, 2015	0.43	0.24	2015	58	Adults	Adults	no
Milgrom, 2005	0.85	0.35	2005	52	Adults	Perinatal Depression	no
Milgrom, 2005	0.69	0.34	2005	56	Adults	Perinatal Depression	no
Milgrom, 2005	0.62	0.35	2005	49	Adults	Perinatal Depression	no
Milgrom, 2011	0.65	0.31	2011	45	Adults	Perinatal Depression	no

Milgrom, 2011	0.07	0.29	2011	46	Adults	Perinatal Depression	no
Milgrom, 2015b	0.57	0.31	2015	44	Adults	Perinatal Depression	no
Milgrom, 2016	0.83	0.32	2016	43	Adults	Perinatal Depression	no
Milgrom, 2021	0.75	0.24	2021	154	Adults	Perinatal Depression	no
Milgrom, 2021	-0.22	0.23	2021	154	Adults	Perinatal Depression	no
Miller, 2002	0.45	0.37	2002	30	Adults	Adults	no
Miranda, 2003	0.16	0.15	2003	179	Adults	Other	no
Mohr, 2000	0.57	0.36	2000	32	Adults	Comorbid Medical Disorder	no
Mohr, 2011	0.28	0.2	2011	79	Older Adults (≥55 years)	Other	no
Mohr, 2013	0.52	0.25	2013	67	Adults	Adults	no
Mohr, 2013	0.4	0.25	2013	68	Adults	Adults	no
Moldovan, 2013	0.35	0.27	2013	42	Adults	Student population	no
Montero-Marin, 2016	0.12	0.18	2016	124	Adults	Adults	no
Montero-Marin, 2016	0.08	0.17	2016	131	Adults	Adults	no
Moon, 2021	1.85	0.35	2021	81	Adults	Comorbid Medical Disorder	no
Mossey, 1996	0.21	0.28	1996	67	Older Adults (≥55 years)	Older Adults	no
Mukhtar, 2011	4.83	0.37	2011	113	Adults	Adults	no
Mulcahy, 2010	0.6	0.25	2010	50	Adults	Perinatal Depression	no

Musa, 2021	0.49	0.2	2021	201	Adults	Other	no	0
Mynors-Wallis, 1995	0.68	0.25	1995	55	Adults	Adults	no	0
Naeem, 2013	1.12	0.16	2013	183	Adults	Adults	no	0
Naeem, 2015	0.86	0.18	2015	137	Adults	Adults	no	0
Nakagawa, 2017	0.36	0.19	2017	80	Adults	Adults	no	0
Nakimuli-Mpungu, 2015	0.05	0.19	2015	109	Adults	Comorbid Medical Disorder	no	0
Nakimuli-Mpungu, 2020	2.61	0.39	2020	###	Adults	Comorbid Medical Disorder	no	0
Nasrin, 2017	1.74	0.39	2017	36	Adults	Adults	no	0
Neugebauer, 2006	0.15	0.46	2006	19	Adults	Other	no	0
Newby, 2014	0.1	0.32	2014	40	Adults	Adults	no	0
Newby, 2017	0.91	0.22	2017	77	Adults	Comorbid Medical Disorder	no	0
Nezu, 1986	2.15	0.62	1986	17	Adults	Adults	no	0
Nezu, 1986	0.77	0.5	1986	15	Adults	Adults	no	0
Nezu, 1989	2.8	0.52	1989	25	Adults	Adults	no	0
Nezu, 1989	1.51	0.41	1989	25	Adults	Adults	no	0
Ng, 2013	1.43	0.44	2013	26	Older Adults (≥55 years)	Older Adults	no	0
Ngai, 2015	0.44	0.1	2015	794	Adults	Perinatal Depression	no	0
Niedermoser, 2020	0.53	0.35	2020	55	Adults	Other	no	0

Nobis, 2015	0.85	0.12	2015	256	Adults	Comorbid Medical Disorder	no
Nollett, 2016	-0.12	0.29	2016	50	Older Adults (≥55 years)	Comorbid Medical Disorder	no
Northwood, 2020	0.92	0.14	2020	428	Adults	Other	no
Nystrom, 2017	0.97	0.2	2017	116	Adults	Adults	no
Nystrom, 2017	0.65	0.2	2017	102	Adults	Adults	no
O'Hara, 2000	1.14	0.19	2000	99	Adults	Perinatal Depression	no
O'Mahen, 2013a	3.66	0.45	2013	55	Adults	Perinatal Depression	no
O'Neil, 2014	0.11	0.16	2014	121	Older Adults (≥55 years)	Comorbid Medical Disorder	no
Oehler, 2020	0.18	0.11	2020	610	Adults	Adults	no
Olukolade, 2017	1.95	0.55	2017	20	Adults	Comorbid Medical Disorder	no
Olukolade, 2017	-0.14	0.45	2017	20	Adults	Comorbid Medical Disorder	no
Omidi, 2013	1.63	0.3	2013	60	Adults	Adults	no
Omidi, 2013	1.53	0.29	2013	60	Adults	Adults	no
Onuigbo, 2019	1.74	0.29	2019	65	Adults	Comorbid Medical Disorder	no
Onyechi, 2016	8.28	0.72	2016	80	Adults	Comorbid Medical Disorder	no
Pace, 1993	0.74	0.24	1993	74	Adults	Student population	no
Pagoto, 2013	0.39	0.17	2013	144	Adults	Other	no
Patel, 2017	0.52	0.09	2017	466	Adults	Adults	no

Pecheur, 1984	2.07	0.61	1984	14	Adults	Student population	no
Pecheur, 1984	1.76	0.57	1984	14	Adults	Student population	no
Peden, 2000	1.13	0.32	2000	72	Adults	Student population	no
Penckofer, 2012	0.78	0.26	2012	65	Adults	Comorbid Medical Disorder	no
Perini, 2009	0.54	0.27	2009	44	Adults	Adults	no
Petersen, 2014	0.92	0.36	2014	34	Adults	Comorbid Medical Disorder	no
Pibernik-Okanovic, 2009	-0.14	0.08	2009		Older Adults (≥55 years)	Comorbid Medical Disorder	no
Pibernik-Okanovic, 2015	0.08	0.18	2015	121	Older Adults (≥55 years)	Comorbid Medical Disorder	no
Pihlaja, 2020	0.47	0.2	2020	200	Adults	Adults	no
Poleshuck, 2014	0.17	0.25	2014	51	Adults	Comorbid Medical Disorder	no
Pot, 2010	0.39	0.15	2010	171	Older Adults (≥55 years)	Older Adults	no
Pots, 2014	0.49	0.17	2014	151	Adults	Adults	no
Pots, 2016	0.56	0.16	2016	169	Adults	Adults	no
Power-Michael, 2012	0.66	0.36	2012	49	Adults	Adults	no
Power-Michael, 2012	0.36	0.38	2012	32	Adults	Adults	no
Prendergast, 2001	0.09	0.3	2001	37	Adults	Perinatal Depression	no
Preschl, 2012	0.71	0.35	2012	36	Older Adults (≥55 years)	Older Adults	no
Propst, 1992	0.73	0.4	1992	20	Adults	Other	no

Propst, 1992	0.51	0.39	1992	20	Adults	Other	no
Propst, 1992	0.32	0.38	1992	21	Adults	Other	no
Propst, 1992	0.16	0.38	1992	21	Adults	Other	no
Psarraki, 2021	0.54	0.23	2021	131	Adults	Adults	no
Puckering, 2010	0.82	0.61	2010	14	Adults	Perinatal Depression	no
Pugh, 2016	0.97	0.3	2016	41	Adults	Perinatal Depression	no
Qiu, 2013	2.17	0.32	2013	62	Adults	Comorbid Medical Disorder	no
Raevuori, 2021	-0.26	0.18	2021	248	Adults	Student population	no
Rahman, 2008	0.72	0.07	2008	798	Adults	Perinatal Depression	no
Ransom, 2008	0.16	0.23	2008	79	Adults	Comorbid Medical Disorder	no
Raue, 2019	0.79	0.56	2019	14	Older Adults (≥75 years)	Older Adults	no
Raya-Tena, 2021	0.06	0.1	2021	760	Older Adults (≥55 years)	Comorbid Medical Disorder	no
Rehm, 1981	0.8	0.44	1981	20	Adults	Adults	no
Rehm, 1981	0.35	0.42	1981	20	Adults	Adults	no
Rehm, 1981	0.39	0.34	1981	26	Adults	Adults	no
Rehm, 1981	0.42	0.35	1981	25	Adults	Adults	no
Reins, 2019	0.3	0.15	2019	131	Adults	Adults	no
Richards, 2015	0.65	0.15	2015	188	Adults	Adults	no

Richards, 2018	-0.42	0.39	2018	27	Older Adults (≥55 years)	Comorbid Medical Disorder	no
Rief, 2018	0.82	0.22	2018	87	Adults	Adults	no
Rief, 2018	0.78	0.23	2018	85	Adults	Adults	no
Rief, 2018	0.53	0.22	2018	85	Adults	Adults	no
Ritvo, 2021	0.56	0.27	2021	90	Adults	Adults	no
Rizvi, 2015	0.3	0.38	2015	38	Adults	Adults	no
Rohan, 2007	1.63	0.36	2007	30	Adults	Adults	no
Rohan, 2007	0.96	0.33	2007	30	Adults	Adults	no
Rohde, 2016	0.7	0.24	2016	59	Adults	Student population	no
Rohricht, 2013	0.92	0.44	2013	23	Adults	Adults	no
Ross, 1985	1.48	0.32	1985	41	Adults	Adults	no
Rosso, 2017	0.83	0.2	2017	77	Adults	Adults	no
Rude, 1986	1.03	0.33	1986		Adults	Adults	no
Russell, 2019	0.37	0.25	2019	51	Adults	Other	yes
Ruwaard, 2009	0.72	0.25	2009	54	Adults	Adults	no
Ruzickova, 2021	0.64	0.25	2021	68	Adults	Adults	no
Safren, 2009	0.64	0.27	2009	45	Not specified	Comorbid Medical Disorder	no
Safren, 2014	0.65	0.22	2014	87	Older Adults (≥55 years)	Comorbid Medical Disorder	no

Safren, 2016	0.42	0.16	2016	143	Adults	Comorbid Medical Disorder	no
Safren, 2016	0.34	0.16	2016	146	Adults	Comorbid Medical Disorder	no
Safren, 2021	0.64	0.14	2021	322	Not specified	Comorbid Medical Disorder	no
Salamanca-Sanabria, 2020	0.9	0.27	2020	289	Adults	Student population	no
Saloheimo, 2016	0.46	0.24	2016	88	Adults	Adults	no
Saloheimo, 2016	0	0.23	2016	92	Adults	Adults	no
Sander, 2020	0.42	0.12	2020	590	Adults	Comorbid Medical Disorder	no
Savard, 2006	0.6	0.29	2006	37	Adults	Comorbid Medical Disorder	no
Savari, 2021	1.65	0.43	2021	60	Adults	Student population	no
Schlicker, 2020	0.36	0.21	2020	152	Adults	Comorbid Medical Disorder	no
Schmidt, 1983	1.41	0.4	1983	22	Adults	Adults	no
Schmidt, 1983	1.35	0.4	1983	22	Adults	Adults	no
Schmidt, 1983	1.17	0.4	1983	21	Adults	Adults	no
Schmidt, 1983	0.55	0.37	1983	21	Adults	Adults	no
Schramm, 2020	1.15	0.43	2020	54	Adults	Other	no
Schulberg, 1996	0.44	0.15	1996	185	Adults	Adults	no
Schuster, 2017	0.85	0.31	2017	46	Adults	Adults	no
Scogin, 1987	0.93	0.42	1987	17	Older Adults (≥55 years)	Older Adults	no

Scogin, 1989	0.93	0.3	1989	42	Older Adults (≥55 years)	Older Adults	no
Scogin, 1989	0.26	0.29	1989	40	Older Adults (≥55 years)	Older Adults	no
Scogin, 2018	0.4	0.17	2014	134	Older Adults (≥75 years)	Older Adults	no
Scott, 1990	0.82	0.33	1990	40	Adults	Adults	no
Scott, 1990	0.55	0.29	1990	50	Adults	Adults	no
Scott, 1992	0.53	0.27	1992	58	Adults	Adults	no
Scott, 1992	0.25	0.26	1992	58	Adults	Adults	no
Scott, 1997	0.47	0.31	1997	34	Adults	Adults	no
Segre, 2015	0.25	0.23	2015	60	Adults	Other	no
Selmi, 1990	0.99	0.38	1990	24	Adults	Adults	no
Selmi, 1990	0.89	0.37	1990	24	Adults	Adults	no
Serfaty, 2009	0.18	0.16	2009	121	Older Adults (≥55 years)	Older Adults	no
Serfaty, 2019	0.1	0.15	2019	148	Older Adults (≥55 years)	Comorbid Medical Disorder	no
Serrano-Selva, 2012	0.38	0.44	2012	17	Older Adults (≥55 years)	Older Adults	no
Serrano, 2004	0.95	0.32	2004	43	Older Adults (≥75 years)	Older Adults	no
Shaw, 1977	1.23	0.48	1977	16	Adults	Student population	no
Shaw, 1977	0.99	0.5	1977	16	Adults	Student population	no
Sheeber, 2012	0.84	0.25	2012	69	Adults	Perinatal Depression	no

Sheeber, 2017	0.31	0.11	2017	266	Adults	Perinatal Depression	no
Shih, 2021	0.51	0.27	2021	114	Older Adults (≥55 years)	Older Adults	no
Sikander, 2019	0.27	0.1	2019	434	Adults	Perinatal Depression	no
Simoni, 2013	-0.15	0.28	2013	40	Adults	Comorbid Medical Disorder	no
Simpson, 2003	-0.06	0.18	2003	130	Adults	Adults	no
Simson, 2008	0.23	0.37	2008	30	Older Adults (≥55 years)	Comorbid Medical Disorder	no
Sinniah, 2017	0.6	0.22	2017	69	Adults	Other	no
Sirey, 2021	0.79	0.48	2021	40	Older Adults (≥55 years)	Other	no
Smit, 2006	0.04	0.26	2006	94	Adults	Adults	no
Smit, 2006	-0.08	0.24	2006	98	Adults	Adults	no
Smit, 2006	-0.09	0.17	2006	158	Adults	Adults	no
Smith, 2017a	0.91	0.19	2017	95	Adults	Adults	no
Smith, 2017a	0.88	0.21	2017	81	Adults	Adults	no
Songprakun, 2012	0.6	0.27	2012	54	Adults	Adults	no
Spek, 2007	0.3	0.14	2007	199	Older Adults (≥55 years)	Older Adults	no
Spek, 2007	0.27	0.14	2007	202	Older Adults (≥55 years)	Older Adults	no
Spinelli, 2003	0.69	0.34	2003	38	Adults	Perinatal Depression	no
Spinelli, 2013	-0.15	0.25	2013	80	Adults	Perinatal Depression	no

Spruill, 2021	0.12	0.24	2021	139	Adults	Comorbid Medical Disorder	no
Sreevani, 2013	0.92	0.38	2013	30	Adults	Adults	no
Stiles-Shields, 2018	1.51	0.56	2018	17	Adults	Adults	no
Stiles-Shields, 2018	0.93	0.47	2018	20	Adults	Adults	no
Strauss, 2012	1.83	0.45	2012	28	Adults	Adults	no
Strong, 2008	0.37	0.14	2008	196	Older Adults (≥55 years)	Comorbid Medical Disorder	no
Sugg, 2018	0.64	0.26	2018	63	Adults	Adults	no
Swartz, 2008	0.85	0.29	2008	41	Adults	Other	no
Szumska, 2020	1.42	0.51	2020	40	Adults	Adults	no
Takagaki, 2016	0.89	0.19	2016	118	Adults	Student population	no
Talbot, 2011	0.31	0.25	2011	53	Adults	Other	no
Taylor, 1977	1.76	0.59	1977	14	Adults	Student population	no
Taylor, 1977	1.31	0.55	1977	14	Adults	Student population	no
Taylor, 1977	1.15	0.53	1977	14	Adults	Student population	no
Taylor, 2009	1.49	0.32	2009	41	Older Adults (≥55 years)	Comorbid Medical Disorder	no
Teasdale, 1984	1.46	0.47	1984	34	Adults	Adults	no
Teichman, 1995	1.23	0.4	1995	30	Adults	Adults	no
Teichman, 1995	0.26	0.37	1995	30	Adults	Adults	no

Teri, 1997	1.16	0.4	1997	34	Older Adults (≥75 years)	Comorbid Medical Disorder	no	[illegible]
Teri, 1997	0.8	0.38	1997	38	Older Adults (≥75 years)	Comorbid Medical Disorder	no	[illegible]
Thomas, 2019	0.49	0.33	2019	30	Older Adults (≥55 years)	Comorbid Medical Disorder	no	[illegible]
Titov, 2010	0.96	0.19	2010	86	Adults	Adults	no	[illegible]
Titov, 2010	0.93	0.2	2010	81	Adults	Adults	no	[illegible]
Titov, 2015a	2.25	0.36	2015	52	Older Adults (≥55 years)	Older Adults	no	[illegible]
Tobin, 2017	0.05	0.11	2017	315	Adults	Comorbid Medical Disorder	no	[illegible]
Tomasino, 2017	0.63	0.45	2017	21	Older Adults (≥55 years)	Older Adults	no	[illegible]
Tomasino, 2017	0.36	0.37	2017	31	Older Adults (≥55 years)	Older Adults	no	[illegible]
Tong, 2019	0.63	0.22	2019	88	Adults	Adults	no	[illegible]
Tovote, 2014	0.62	0.23	2014	63	Adults	Comorbid Medical Disorder	no	[illegible]
Tovote, 2014	0.58	0.23	2014	62	Adults	Comorbid Medical Disorder	no	[illegible]
Town, 2017	1.5	0.54	2017	60	Adults	Adults	no	[illegible]
Trevillion, 2020	0.49	0.29	2020	103	Adults	Perinatal Depression	no	[illegible]
Tulbure, 2018	0.82	0.28	2018	45	Adults	Adults	no	[illegible]
Tulbure, 2018	0.86	0.24	2018	60	Adults	Adults	no	[illegible]
Turner, 1979	0.91	0.36	1979	34	Adults	Adults	no	[illegible]
Turner, 2013	-0.1	0.28	2013	52	Older Adults (≥55 years)	Comorbid Medical Disorder	no	[illegible]

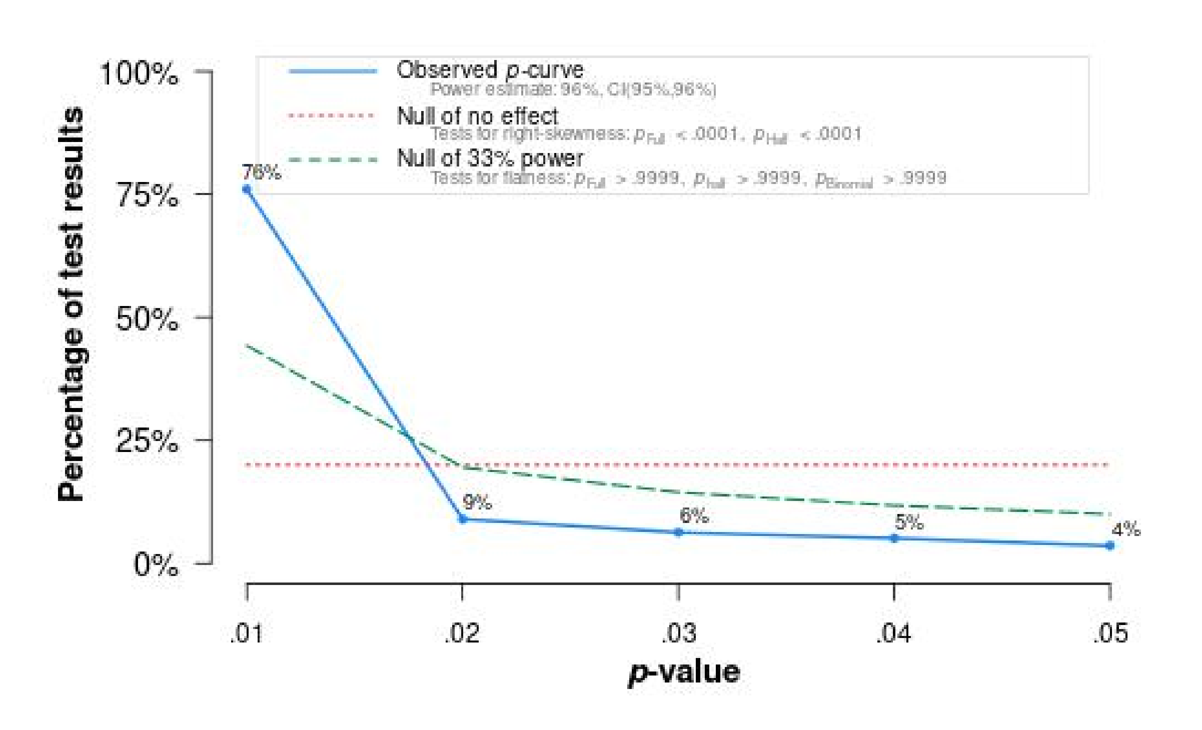
Tyson, 1987	-0.07	0.38	1987	22	Adults	Adults	no
Tyson, 1987	-0.16	0.38	1987	22	Adults	Adults	no
Tyson, 1987	-0.18	0.38	1987	22	Adults	Adults	no
Unlu-Ince, 2013	0.9	0.33	2013	96	Adults	Other	no
van Bastelaar, 2011	0.49	0.16	2011	255	Adults	Comorbid Medical Disorder	no
Van Lieshout, 2021	0.51	0.1	2021	806	Adults	Perinatal Depression	no
van Schaik, 2006	0.07	0.15	2006	143	Older Adults (≥55 years)	Older Adults	no
Vazquez-Gonzalez, 2013	1.54	0.17	2013	173	Adults	Other	no
Vazquez, 2017	2.14	0.4	2017	39	Older Adults (≥55 years)	Other	no
Vazquez, 2017	2.03	0.39	2017	41	Older Adults (≥55 years)	Other	no
Vazquez, 2020	1.25	0.18	2020	300	Adults	Other	no
Vazquez, 2020	1.14	0.18	2020	298	Adults	Other	no
Verduyn, 2003	0.19	0.3	2003	44	Adults	Other	no
Verduyn, 2003	0.13	0.3	2003	41	Adults	Other	no
Vernmark, 2010	0.86	0.25	2010	58	Adults	Adults	no
Vernmark, 2010	0.45	0.24	2010	56	Adults	Adults	no
Vigod, 2021	0.15	0.23	2021	175	Adults	Perinatal Depression	no
Vitriol, 2009	0.57	0.22	2009	87	Adults	Other	no

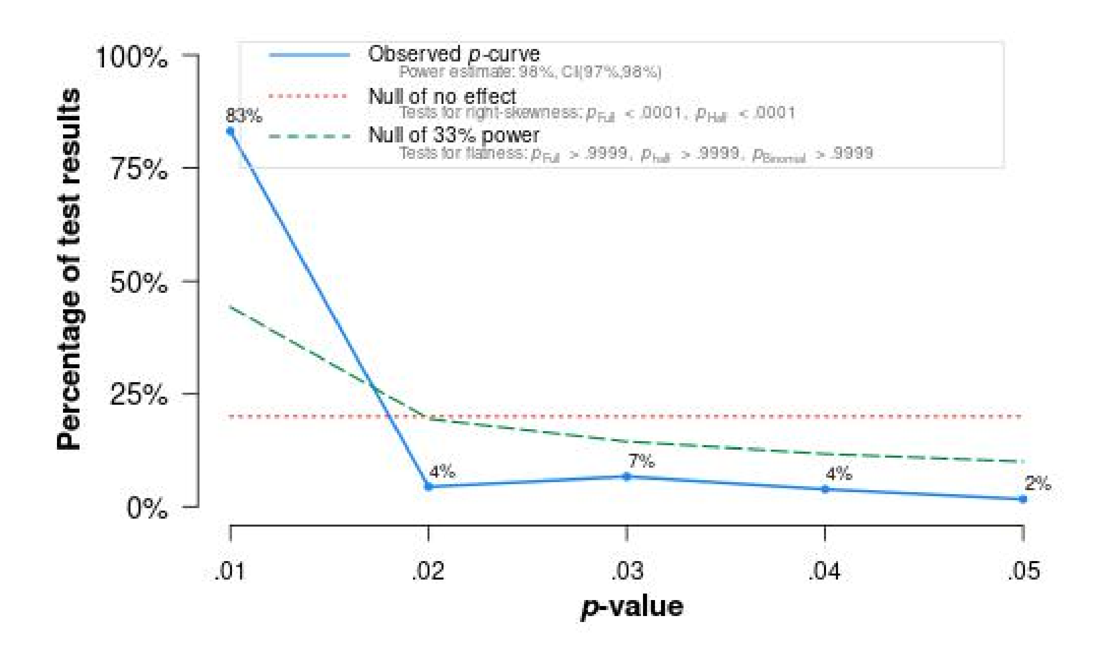
Warmerdam, 2008	0.54	0.15	2008	175	Adults	Adults	no
Warmerdam, 2008	0.43	0.15	2008	175	Adults	Adults	no
Watkins, 2012	0.47	0.2	2012	68	Adults	Adults	no
Watt, 2000	1.34	0.5	2000	18	Older Adults (≥55 years)	Older Adults	no
Watt, 2000	1.28	0.48	2000	18	Older Adults (≥55 years)	Older Adults	no
Weissman, 1979	0.88	0.43	1979	38	Adults	Adults	no
Westerhof, 2019	0.22	0.4	2019	25	Adults	Adults	no
Westerhof, 2019	-0.31	0.4	2019	26	Adults	Adults	no
Wickberg, 1996	1.33	0.48	1996	31	Adults	Perinatal Depression	no
Wiersma, 2014	0.55	0.2	2014	104	Adults	Adults	no
Wiklund, 2010	0.82	0.3	2010	67	Not specified	Perinatal Depression	no
Williams, 2000	0.07	0.15	2000	232	Older Adults (≥55 years)	Older Adults	no
Williams, 2013a	0.95	0.28	2013	42	Adults	Adults	no
Williams, 2013b	0.23	0.12	2013	281	Adults	Adults	no
Williams, 2018	0.66	0.18	2018	104	Adults	Adults	no
Wilson, 1983	2.08	0.56	1983	17	Adults	Adults	no
Wilson, 1983	1.69	0.52	1983	17	Adults	Adults	no
Wollersheim, 1991	0.34	0.45	1991	16	Adults	Adults	no

Wollersheim, 1991	0.08	0.45	1991	16	Adults	Adults	no	
Wollersheim, 1991	-0.1	0.45	1991	16	Adults	Adults	no	
Wong, 2008a	0.74	0.12	2008	322	Adults	Adults	no	
Wong, 2008b	0.76	0.22	2008	88	Adults	Adults	no	
Wong, 2018	0.19	0.13	2018	231	Adults	Adults	no	
Wright, 2005	1.08	0.35	2005	30	Adults	Adults	no	
Wright, 2005	1.1	0.35	2005	30	Adults	Adults	no	
Wuthrich, 2013	0.74	0.23	2013	62	Older Adults (≥55 years)	Older Adults	yes	
Wuthrich, 2016	0.55	0.18	2016	129	Older Adults (≥55 years)	Older Adults	yes	
Xie, 2019	0.68	0.24	2019	73	Older Adults (≥55 years)	Older Adults	no	
Yang, 2018	0.8	0.25	2018	67	Adults	Student population	no	
Yeung, 2017	0.61	0.26	2017	61	Adults	Adults	no	
Yuan, 2020	0.64	0.29	2020	100	Older Adults (≥55 years)	Older Adults	no	
Zemastani, 2020	2.62	0.38	2020	112	Adults	Comorbid Medical Disorder	no	
Zemestani, 2016	1.49	0.42	2016	30	Adults	Student population	no	
Zemestani, 2016	1.37	0.41	2016	30	Adults	Student population	no	
Zemestani, 2019	1.18	0.35	2019	38	Adults	Perinatal Depression	yes	
Zhao, 2019	0.43	0.1	2019	334	Adults	Other	no	

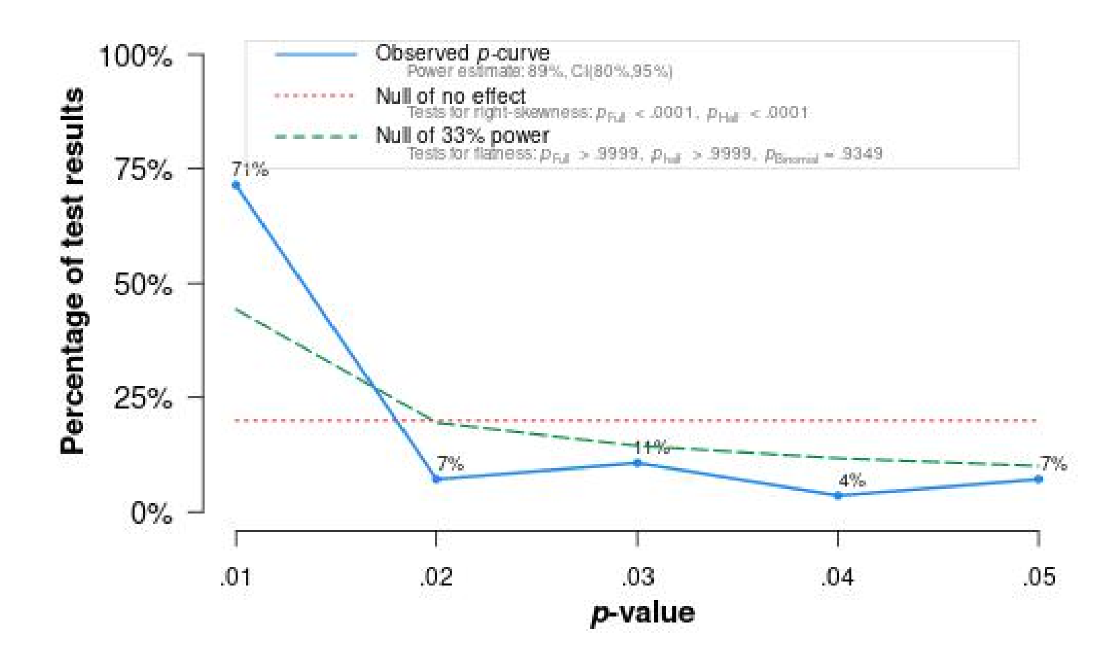
Zhao, 2021	0.31	0.15	2021	182	Adults	Perinatal Depression	no	[illegible]
Zu, 2014	0.57	0.35	2014	28	Adults	Adults	no	[illegible]

附录 5 p-carve 分析结果表明

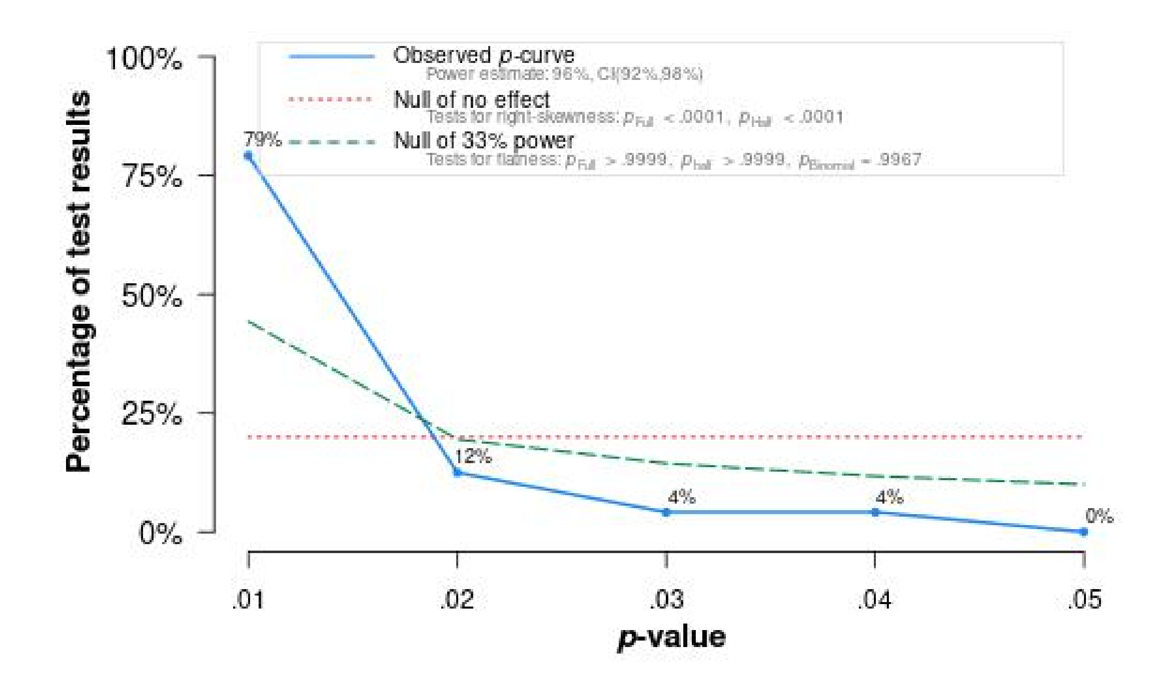




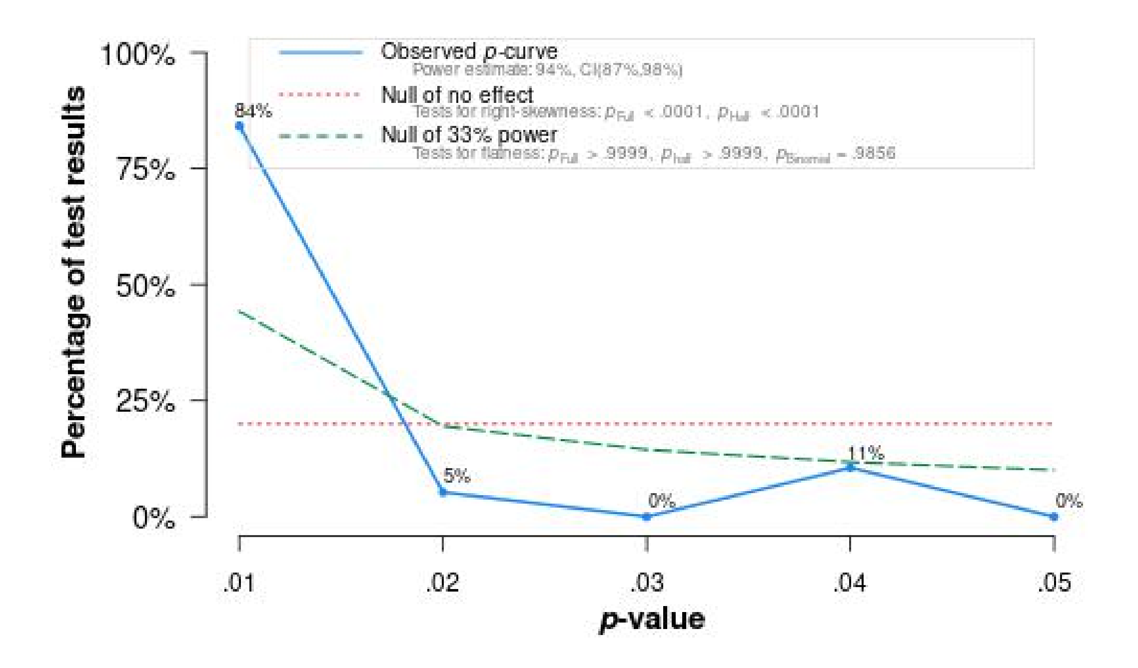
Observed p-curve
Power estimate: 98%, CI(97%,98%)
Null of no effect
Tests for right-skewness: p_{Full} < .0001, p_{Half} < .0001
Null of 33% power
Tests for flatness: p_{Full} > .9999, p_{half} > .9999, $p_{Binomial}$ > .9999
Percentage of test results
100%
75%
50%
25%
0%
83%
4%
7%
4%
2%
.01
.02
.03
.04
.05
p-value



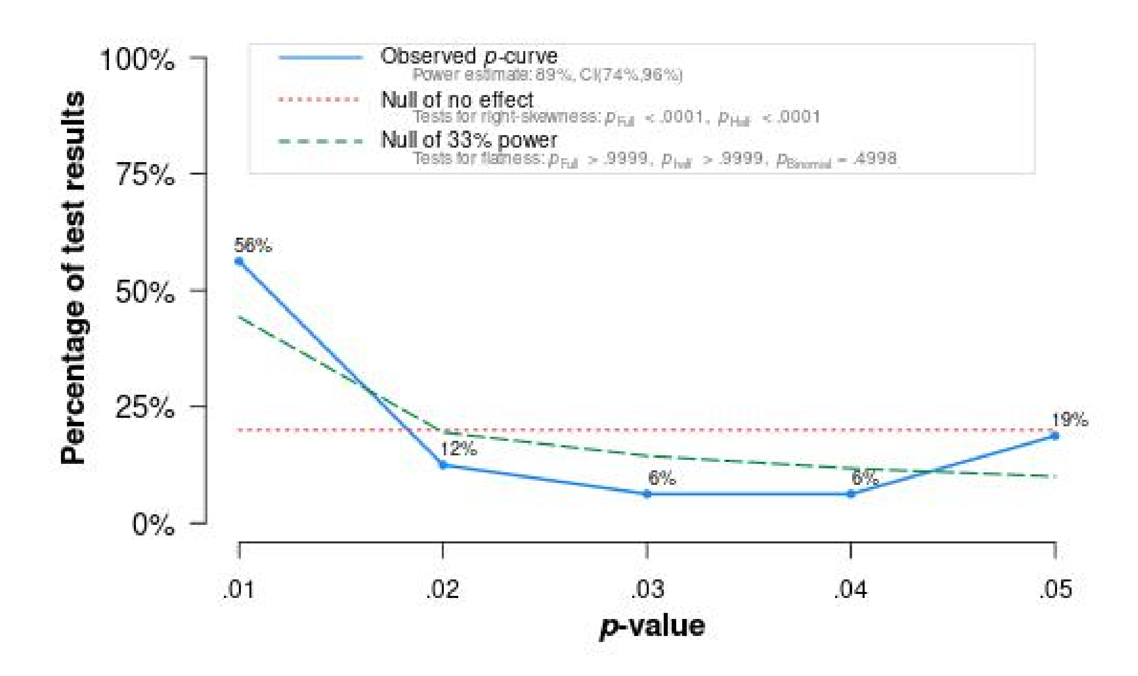
Observed p-curve
Power estimate: 89%, CI(80%,95%)
Null of no effect
Tests for right-skewness: pFull < .0001, pHalf < .0001
Null of 33% power
Tests for flatness: pFull > .9999, pHalf > .9999, pBinomial = .9349
100%
75%
50%
25%
0%
Percentage of test results
71%
7%
11%
4%
7%
.01
.02
.03
.04
.05
p-value



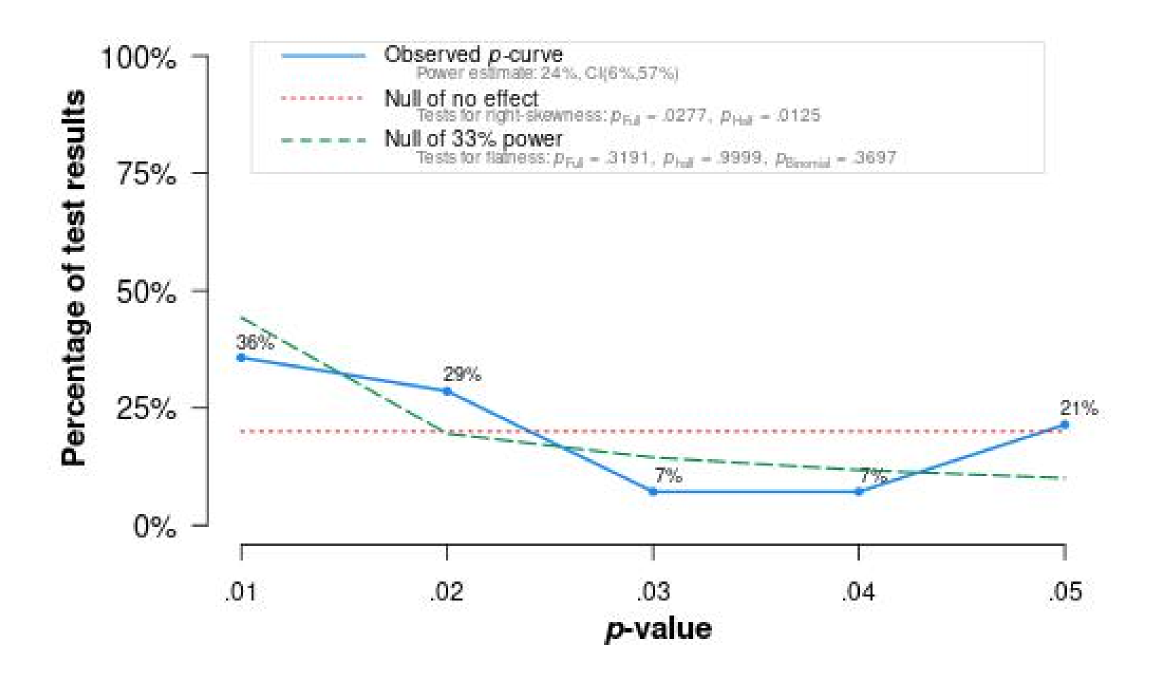
Observed p-curve
Power estimate: 96%, CI(92%,98%)
Null of no effect
Tests for right-skewness: p_{Full} < .0001, p_{Half} < .0001
Null of 33% power
Tests for flatness: p_{Full} > .9999, p_{half} > .9999, $p_{Binomial}$ = .9967
100%
75%
50%
25%
0%
Percentage of test results
79%
12%
4%
4%
0%
.01
.02
.03
.04
.05
p-value



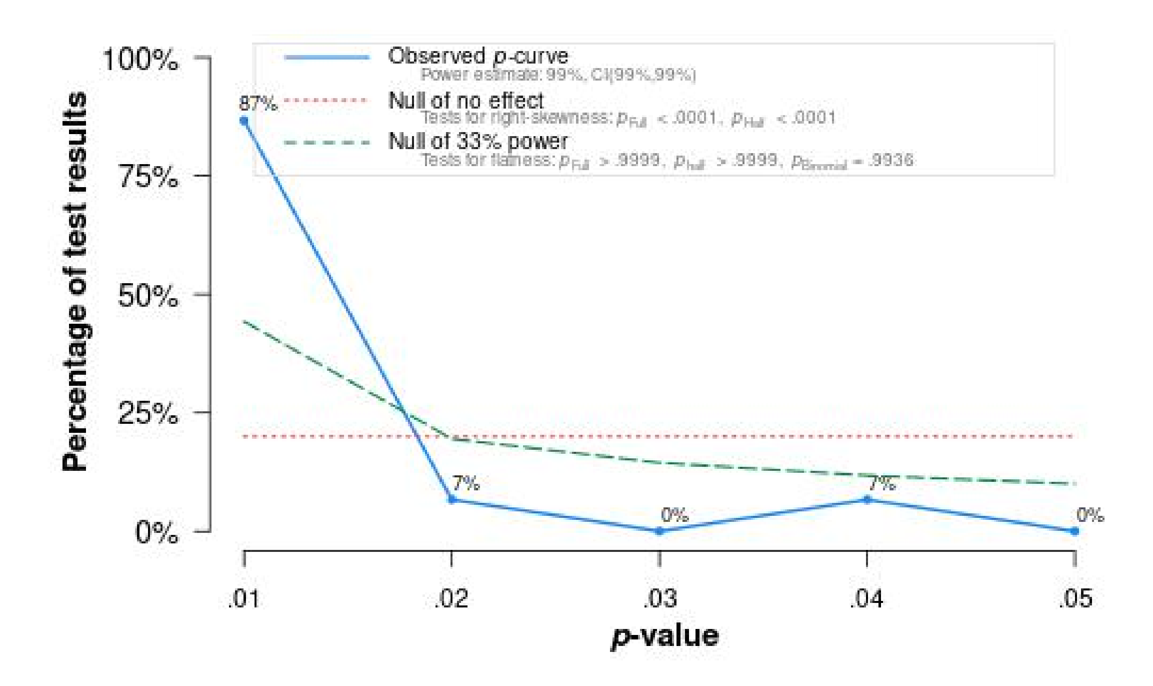
Observed p-curve
Power estimate: 94%, CI(87%,98%)
Null of no effect
Tests for right-skewness: p_{Full} < .0001, p_{Half} < .0001
Null of 33% power
Tests for flatness: p_{Full} > .9999, p_{half} > .9999, $p_{Binomial}$ = .9856
Percentage of test results
100%
75%
50%
25%
0%
84%
5%
0%
11%
0%
.01
.02
.03
.04
.05
p-value



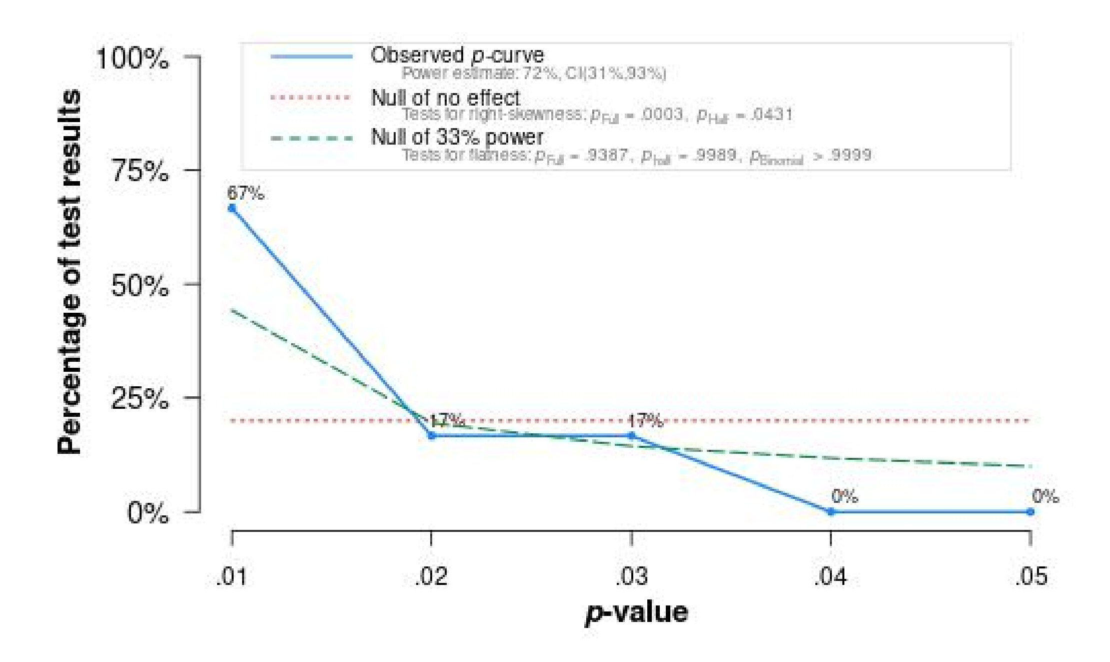
Observed p-curve
Power estimate: 89%, CI(74%,96%)
Null of no effect
Tests for right-skewness: p_{Full} < .0001, p_{Half} < .0001
Null of 33% power
Tests for flatness: p_{Full} > .9999, p_{Half} > .9999, $p_{Binomial}$ = .4998
100%
75%
50%
25%
0%
Percentage of test results
56%
12%
6%
6%
19%
.01
.02
.03
.04
.05
p-value



Observed p-curve
Power estimate: 24%, CI(6%,57%)
Null of no effect
Tests for right-skewness: p_Full = .0277, p_Half = .0125
Null of 33% power
Tests for flatness: p_Full = .3191, p_Half = .9999, p_Binomial = .3697
100%
75%
50%
25%
0%
Percentage of test results
36%
29%
7%
7%
21%
.01
.02
.03
.04
.05
p-value



Observed p-curve
Power estimate: 99%, CI(99%,99%)
Null of no effect
Tests for right-skewness: p_{Full} < .0001, p_{Half} < .0001
Null of 33% power
Tests for flatness: p_{Full} > .9999, p_{half} > .9999, $p_{Binomial}$ = .9936
Percentage of test results
100%
75%
50%
25%
0%
87%
7%
0%
7%
0%
.01
.02
.03
.04
.05
p-value



Observed p-curve
Power estimate: 72%, CI(31%,93%)
Null of no effect
Tests for right-skewness: p Full = .0003, p Half = .0431
Null of 33% power
Tests for flatness: p Full = .9387, p Half = .9989, p Binomial > .9999
100%
75%
50%
25%
0%
Percentage of test results
67%
17%
17%
0%
0%
.01
.02
.03
.04
.05
p-value